

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Walter A. Adams* Town *Timberland* County *Accomack* MARYLAND

Died at *Timberland*

Date of death 190*6* Month *9* Day *17* Age *8 y 9 m 11 d* Years *8* Months *9* Days *11*

Sex *Female* Color or Race *White* Birth-place *White*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Butcher

Accident or Suicide?

Fr Twigg

Name
in
Full

Benjamin Franklin Andrew

CERTIFICATE OF DEATH

Died at ^{Town} Mt. Savage.^{County} Allegany.

MARYLAND

Date of death 1906 Sept. 8

Age 78

Months 8

Days 14

Sex Male.

Color or Race white.

Birth-place Baltimore, Md.

Occupation Ship-builder

Where Residing if not at place of death

Married, Single or Widowed Widower

Name of Wife or Husband

Mary Jane Benson

Father's Name William Andrew

Father's Birthplace Baltimore

Mother's Maiden Name Anna Cain

Mother's Birthplace Harford co.

Name of person giving information

Mrs. Anna Jackson

How related to deceased Daughter

CAUSES OF DEATH

Primary *Myocardial degeneration & arteriosclerosis*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Newton J. Parr,
Mt. Savage, Md.

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Chloe J. Sam Bailey* 9 1/2
 Died at *Cumtobd.* County *Cecayny* MARYLAND
 Date of death 1906 9 4 Age _____ Years _____ Months _____ Days *2 weeks*
 Sex *Mar-* Color or Race *Black* Birth-place _____
 Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

Dr. Braes authorized
us to attach his
name to this card.
L.P.

Geo. H. Cullen
Street 408
Seaside
Cannon

Name
in
Full

Thelma Virginia Bean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg		County Allegany		MARYLAND	
Date of death	1906	Month	9	Day	15	Age	Years 2 Months 11 Days 15
Sex	F.		Color or Race		W.		Birth-place
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Morris Bean			Father's Birthplace	
Mother's Maiden Name			Nellie Hirschberger			Mother's Birthplace	
Name of person giving information			Morris Bean			How related to deceased	
						Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria		How long	2 Days
Immediate	Acute Meningitis		How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Dr. H. O. M. Lane		
		Address		
		Frostburg Md.		
Accident or Suicide?				

G.M.

Allegheny Camp 75

Name
in
Full

Arthur Leroy Bell

CERTIFICATE OF DEATH

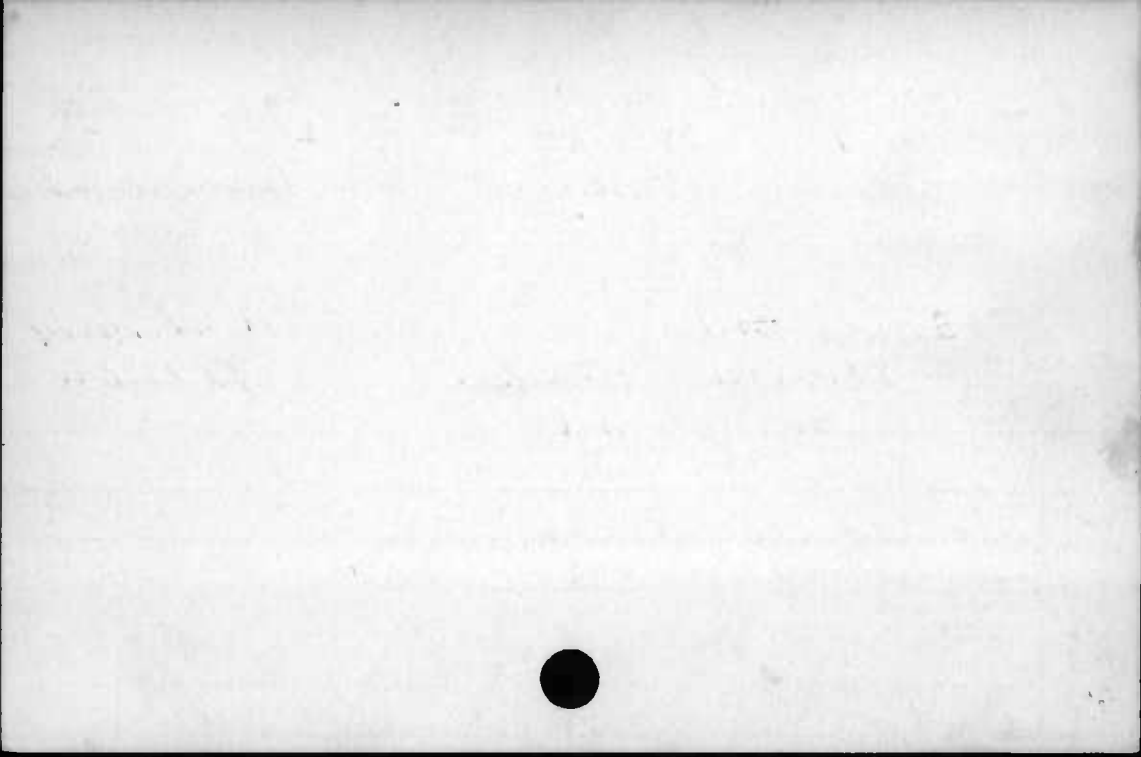
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> Town		<u>allergany</u> County		MARYLAND	
Date of death <u>1906</u>	<u>9</u> Month	<u>30</u> Day	Age <u>2</u> Years	<u>2</u> Months	<u>—</u> Days
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Cumberland</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Bishop Bell</u>			Father's Birthplace <u>Cumberland</u>		
Mother's Maiden Name <u>Elvira / Hinkle</u>			Mother's Birthplace <u>Oldtown</u>		
Name of person giving information <u>Bishop Bell</u>			How related to deceased <u>105</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary <u>Gastro Intestinal, Enteritis</u>	How long <u>1 mo</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. L. Broadus</u>
	Address <u>Cumberland</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Martina Bender

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Date of death 190	Month <i>Sept</i>	Day <i>23</i>	Age <i>—</i>	Months <i>3</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Frostburg</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>George W Bender</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Sarah Plaine</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>George W Bender</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal Indigestion</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John A. Watson M.D.</i>
	Address <i>Frostburg md</i>
Accident or Suicide? <i>—</i>	

Home

Allyson Emily —

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Oliver Lewis Bergan</i>		Town <i>Cumtux</i>		County <i>Augu</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Cumtux</i>		<i>1906 Sep. 17</i>		<i>5</i>		<i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>		Days <i>-</i>	
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>				Name of Wife or Husband <i>-</i>			
Father's Name <i>Thomas Bergan</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Daisy Kelly</i>				Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Thomas Bergan</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

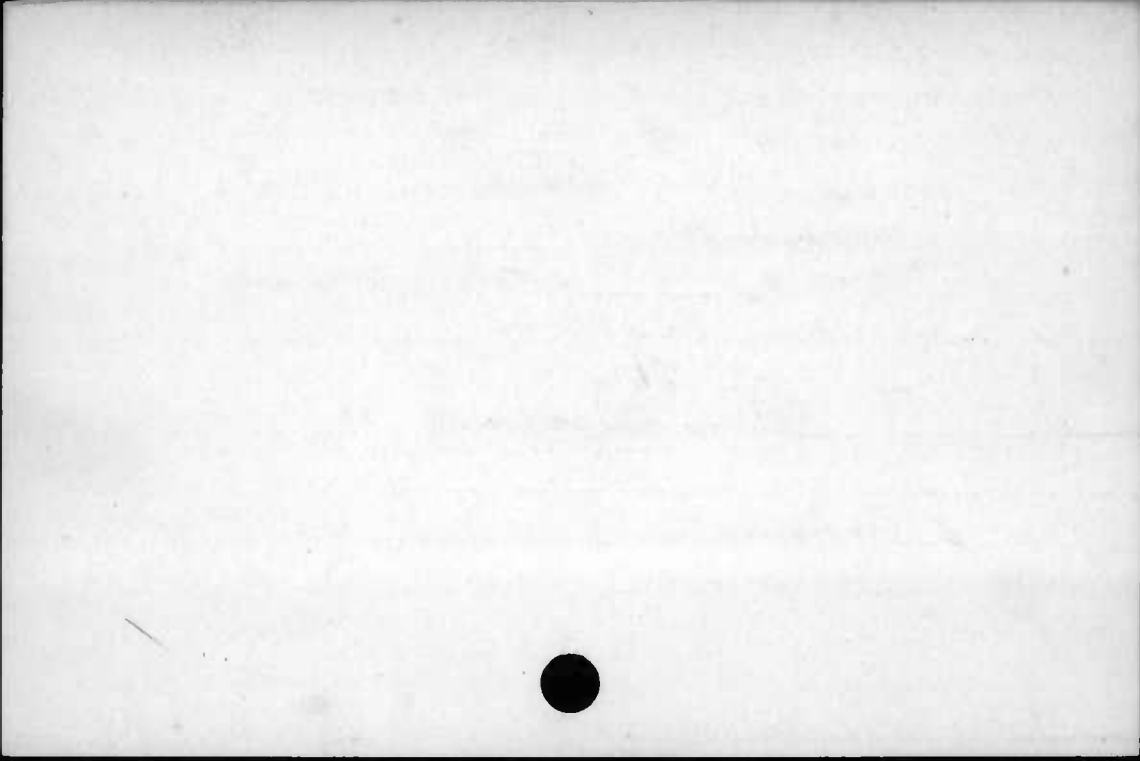
PHYSICIAN
OR CORONER

Primary <i>Neuroticus Onup</i>	How long <i>3 days</i>
Immediate <i>Asphyxia</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Brace M.D.</i>

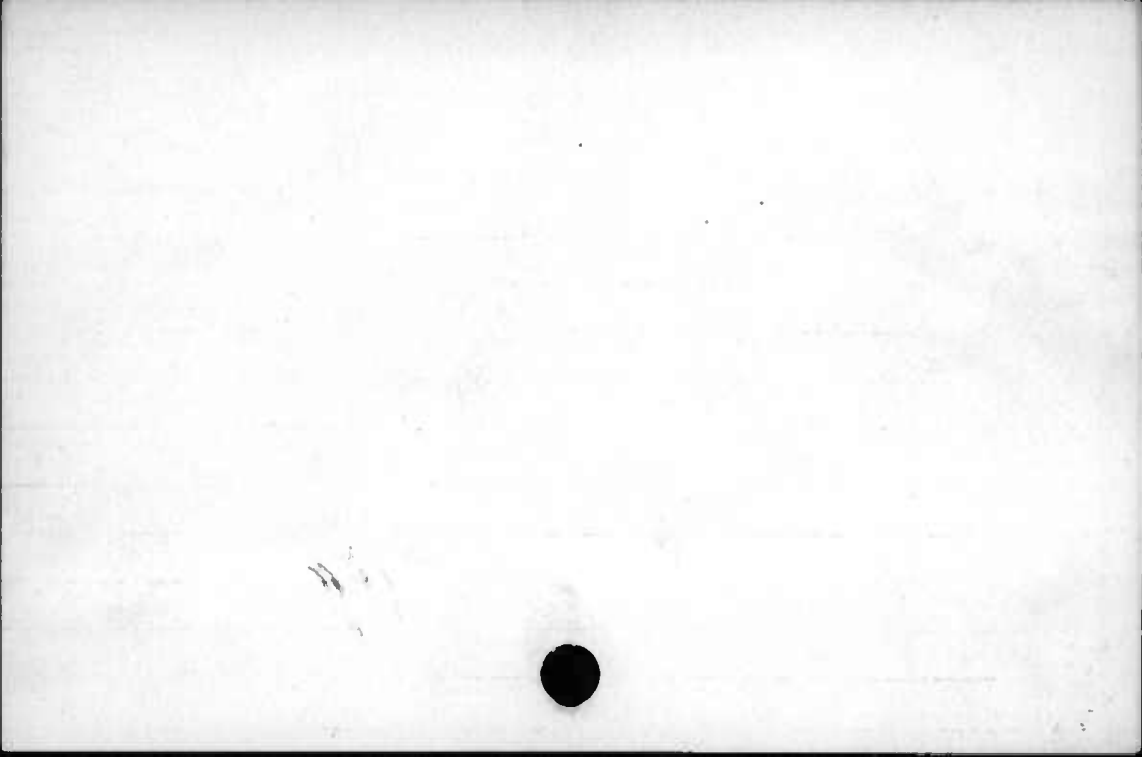
Address

Accident or Suicide?

LOUIS STEIN



Name in Full Ellen Bowser		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Crumbland ^{Town}		Allegheny ^{County}
	Date of death 1906 ^{Month} Sept ^{Day} 8		Age 74 ^{Years} — ^{Months} — ^{Days}
	Sex Female	Color or Race White	Birth-place —
	Occupation Housewife	Where Residing if not at place of death —	
	Married, Single or Widowed Married	Name of Wife or Husband Jacob Bowser	
	Father's Name —	Father's Birthplace —	
	Mother's Maiden Name —	Mother's Birthplace —	
Name of person giving information Mrs. E. E. Ebers	How related to deceased Daughter		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Exhaustion Insanity	How long 5 years	(18)
	Immediate Exhaustion	How long Several days	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. M. Spear	
	LOUIS STEN.	Address Crumbland	
	Accident or Suicide? Neither	MD	



Name
in
Full

Edgar Duke Boyd

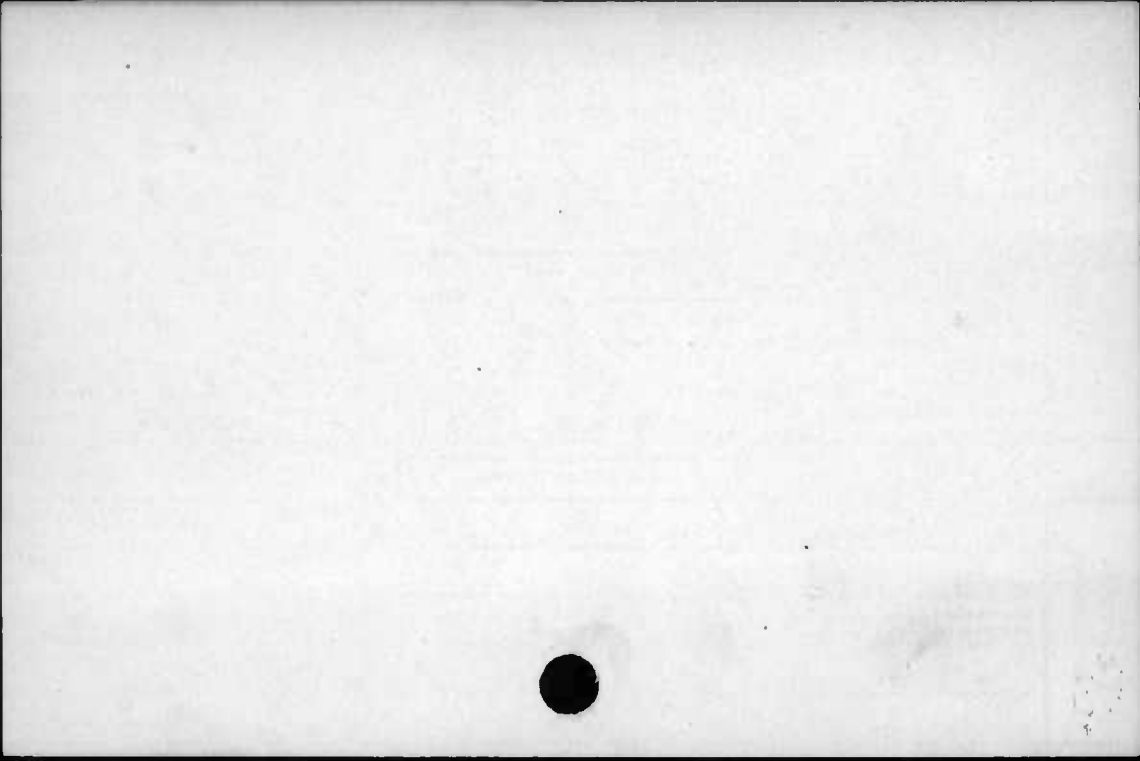
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Sep.	12	-	-	9	18.
Sex		Color or Race		Birth-place			
Male		White		Cumber			
Occupation				Where Residing if not at place of death			
-				-			
Married, Single or Widowed				Name of Wife or Husband			
-				-			
Father's Name				Father's Birthplace			
Isaac D. Boyd				Baltimore Md			
Mother's Maiden Name				Mother's Birthplace			
Mabel Blay Childs				Va.			
Name of person giving information				How related to deceased			
Isaac D Boyd				Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Marasmus	(179)	How long	3 months.
	Immediate	Exhaustion		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. H. White M.D.	
	Yes		Address	Cumber	
Accident or Suicide?		Sudden.			



Name
in
Full

Wm Brady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg		County Allegheny		MARYLAND	
Date of death	1906	Month 8	Day 3	Age	27	Years	Months Days
Sex	male	Color or Race	white	Birth- place	Wd		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Pat. Brady				Father's Birthplace	Ireland	
Mother's Maiden Name	Mrs. Pat. Brady				Mother's Birthplace	Ireland	
Name of person giving information	Meyer L				How related to deceased	brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ran over by Electric Car		How long	—
Immediate	"Shock"		How long	8 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Frostburg Wd		
Accident or Suicide?				



Name
in
Full

Bernie Elvira Pasheare

CERTIFICATE OF DEATH

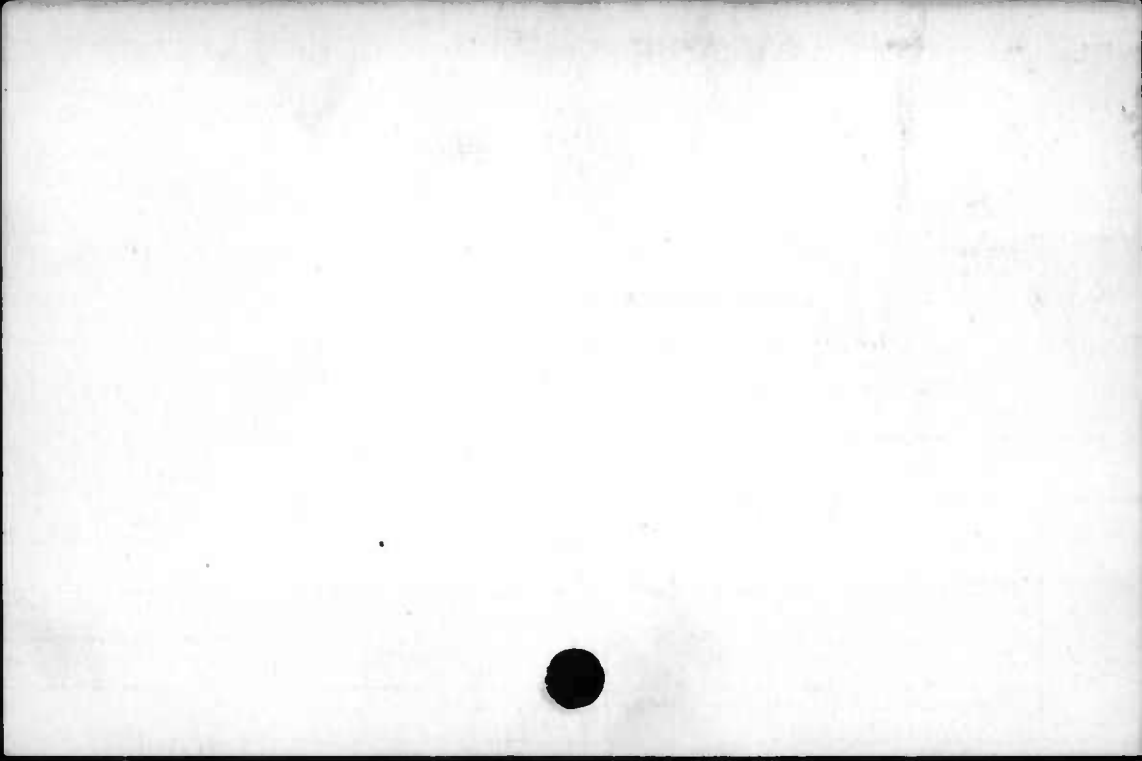
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	Sept	Day	24	Age	Years
						Months	Days
Sex	Female	Color or Race		White		Birth-place	Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro enteritis	How long	2 wks
Immediate	Membrane thickening	How long	9 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm. L. Broadup
		Address	95 Ve an Crumland Md.
Accident or Suicide?	No		



Name
in
FullMary Brinker ~~ER~~

CERTIFICATE OF DEATH

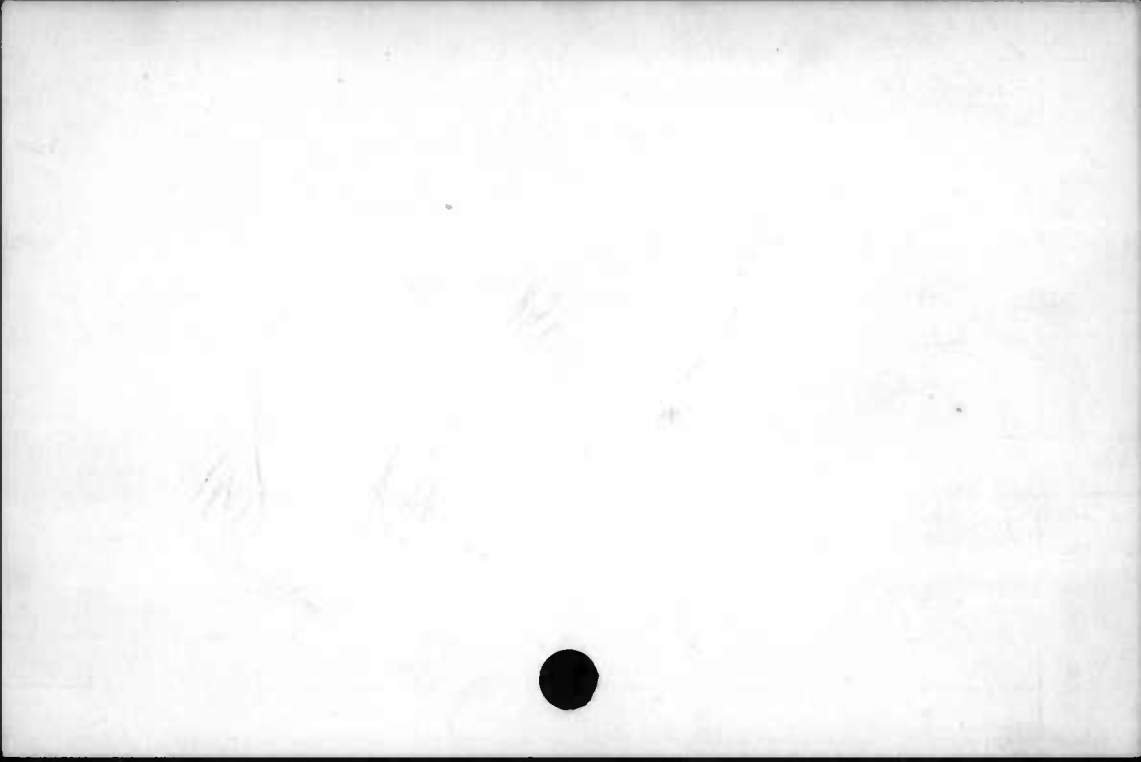
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtob</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>Sept</u> <small>Month</small>	<u>2</u> <small>Day</small>	<u>47</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Cumtob</u>		
Occupation <u>Wife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Frank. Brinker</u>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Frank Brinker</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary <u>General Carcinoma</u>	How long <u>3 yr</u>
Immediate <u>Gastric Cancer</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>J</u>	Signature of Physician <u>Dr. J. J. Fichtelberg</u>
	Address <u>Dr. Fichtelberg</u>
Accident or Suicide? <u>—</u>	

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Britton

Died at ^{Town} Cumberland^{County} Allegany

MARYLAND

Date of death 1906 ^{Month} Sept ^{Day} 29Age ^{Years} 35

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Md

Occupation

Millworker

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Ida Britton

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Alcoholism

How long

56

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

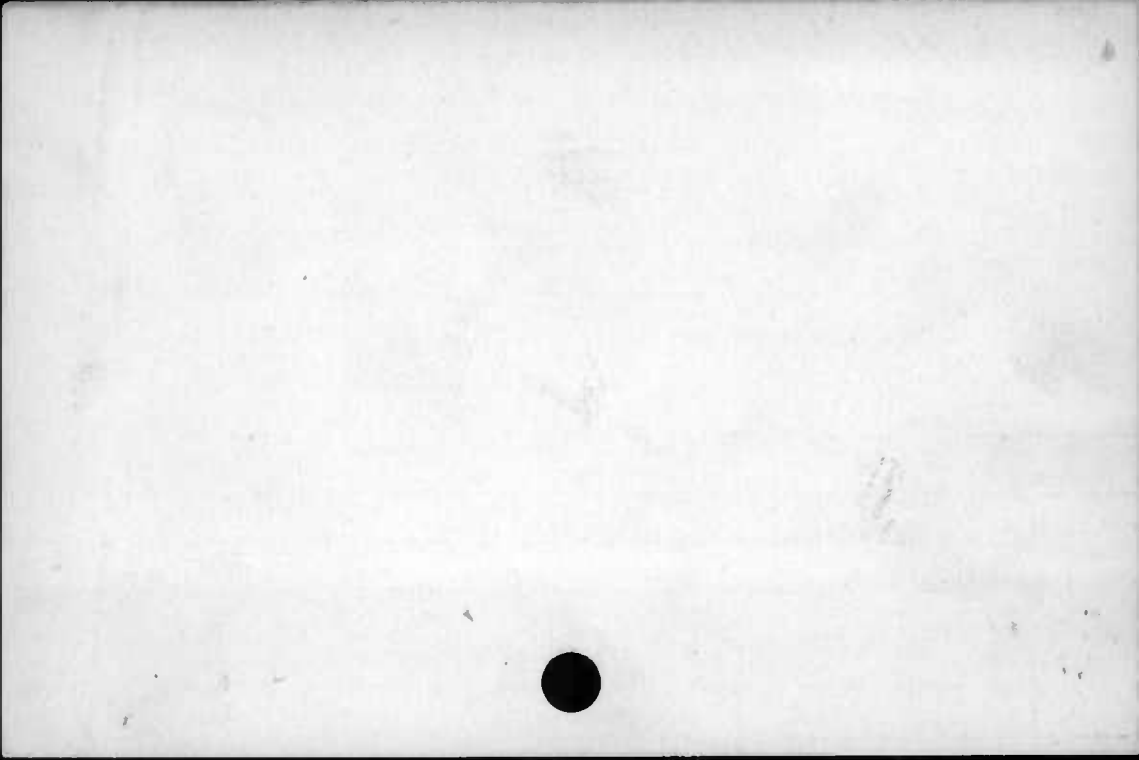
Signature of
Physician

Address

LOUIS STEIN,

G. H. Martz, Coroner
Cumberland Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Died at *Westminster* TownCounty *alligany*

MARYLAND

Date
of death *1906*Month *9*Day *24*

Age

Years

Months

Days

Sex

*Boy*Color or
Race*White*Birth-
place*Super*

Occupation

Where Residing if not
at place of death*Westminster*Married, Single
or Widowed*Child*Name of Wife or
Husband*X*Father's
Name*A Russart*Father's
Birthplace*Miner Co W. Va*Mother's
Maiden Name*X*Mother's
Birthplace*Mineral Co W. Va*Name of person giving
In formation*J. Hoban*How related
to deceased*none*

CAUSES OF DEATH

Primary

Membranes crook

How long

3 days

Immediate

X

How long

*X*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

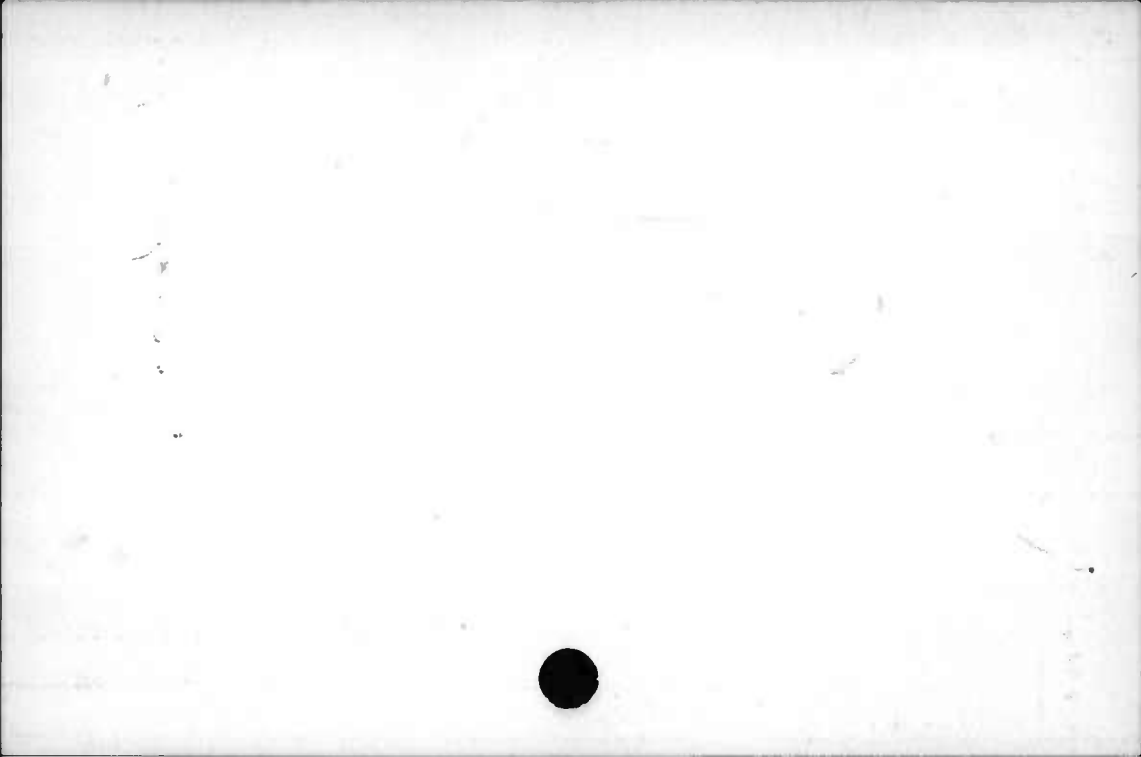
J. D. Long
Richmont

Accident or Suicide?

W. Va

LIBRARY BUREAU ASBLS

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary J. Canty</i>		Town <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Month <i>Sept</i>		Day <i>24</i>		Years <i>43</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>2</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New York</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>W. J. Canty</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>W. J. Canty</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN or CORONER	Primary <i>Ischemotor Myocard</i>	How long <i>5 yrs</i>
	Immediate <i>expansion</i>	How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	
	Signature of Physician <i>Dr E B Claybrooke</i>	
Address <i>Cumberland Md</i>		<i>Claybrooke</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

Mary Ann Clarke

CERTIFICATE OF DEATH

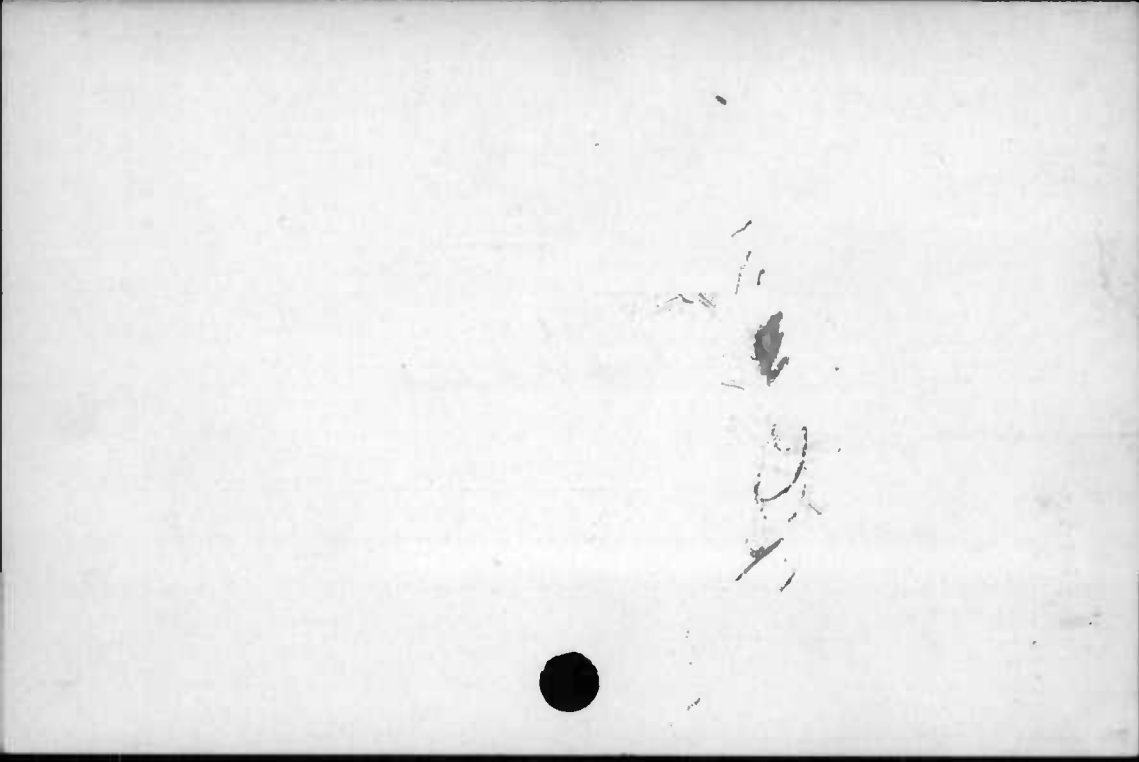
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Mt Savage.</i>		County <i>Alleghany</i>		MARYLAND	
Date of death	1906	Month <i>Sept.</i>	Day <i>14</i>	Age <i>87</i>	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Emmitsburg, Md.</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Widow</i>		Husband <i>Martin Clarke</i>			
Father's Name <i>Jno. McCann</i>		Father's Birthplace <i>Ireland.</i>			
Mother's Maiden Name _____		Mother's Birthplace _____			
Name of person giving information <i>Mary E. Clarke.</i>		How related to deceased <i>Daughter</i>			

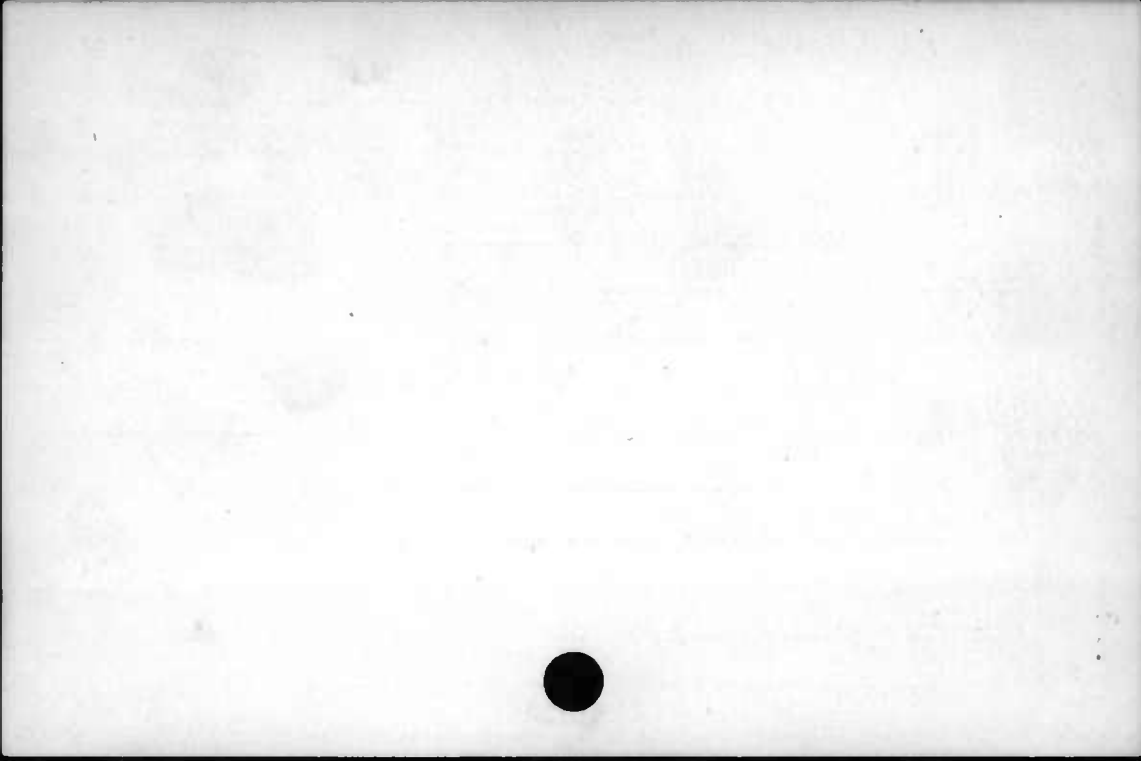
CAUSES OF DEATH

Primary <i>Senility</i>	How long _____
Immediate <i>Cardiac Syncope</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Newton J. Davis, M.D.</i>
	Address <i>Mt Savage, Md.</i>
Accident or Suicide? _____	

PHYSICIAN
OR
CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH									
Ana Masee		Eckhard		Chosterman		MARYLAND									
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1906		Sept		23		Age		18		Years		Months		Days	
Sex		Color or Race		Birthplace		Occupation		Where Residing if not at place of death							
Female		White		Eckhard											
Married, Single or Widowed		Name of Wife or Husband													
Father's Name		Mother's Maiden Name		Name of person giving information		Father's Birthplace		Mother's Birthplace		How related to deceased					
Charles Chosterman		Julia P. Walkowia		Chas Chosterman		Eckhard		Eckhard		Father					
CAUSES OF DEATH															
Primary		Immediate		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		How long		How long			
Illness - Colitis		Meningitis		Yes		J. C. C. C.		Fruitburg, Md.		10 days		5 days			
Accident or Suicide?				No											



Name in Full		Certificate of Death			
Charles D Cole		MARYLAND			
Died at <i>Midlothian</i> ^{Town} <i>Allegany</i> ^{County}					
Date of death 190 <i>6</i> ^{Month} <i>Sept</i> ^{Day} <i>7</i>		Age <i>36</i> ^{Year}		<i>8</i> ^{Months} <i>16</i> ^{Days}	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Va</i>	
Married, Single or Widowed <i>married</i>		Occupation <i>miner</i>			
Name of Wife or Husband <i>Sarah Cole</i>					
Father's Name <i>William Cole</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Sarah Cole</i>		How related to deceased <i>Wife</i>			
CAUSES OF DEATH <i>U6</i>					
Primary <i>Paralysis due to injury</i>		How long <i>some time</i>			
Immediate <i>Paralysis</i>		How long <i>some time</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John A Watson</i>			
		Address <i>Frederick Md</i>			
Accident or Suicide?					

278



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Cooper</i>		Town <i>Cumtunda</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumtunda</i>		Month <i>Sept</i>		Day <i>15</i>		Years <i>80-</i>	
Date of death <i>1906</i>		Month <i>Sept</i>		Day <i>15</i>		Years <i>80-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Pa</i>		Months <i>-</i>	
Occupation <i>Cooper</i>		Where Residing if not at place of death <i>-</i>		Days <i>2</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>- -</i>		Father's Birthplace <i>-</i>		Mother's Birthplace <i>-</i>	
Father's Name <i>-</i>		Mother's Maiden Name <i>-</i>		Name of person giving In formation <i>Mrs A J Flora</i>		How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

LOUIS STEIN

Wanfordesburg. Pa

Hancock.

Name In Full		Patrick Connolly				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Frostburg		Town		alliegany		County		MARYLAND	
	Date of death		1906		Month		9		Day		14	
	Age		66		Years		66		Months		Days	
	Sex		male		Color or Race		Irishman		Birth-place		Ireland	
	Occupation		miner		Where Residing if not at place of death							
	Married, Single or Widowed		married		Name of Wife or Husband		Mayank Connolly					
	Father's Name				Father's Birthplace		Ireland					
Mother's Maiden Name				Mother's Birthplace		Ireland						
Name of person giving information		John Connolly		How related to deceased		son						
CAUSES OF DEATH												
PHYSICIAN CORONER	Primary		Mucous Aspiration		How long		18 mos					
	Immediate		Emphysema etc		How long		18 mos					
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. M. Miller					
					Address		Frostburg Md					
	Accident or Suicide?											

77-20



Name
in
Full

Gladis Eugene Dawson

CERTIFICATE OF DEATH

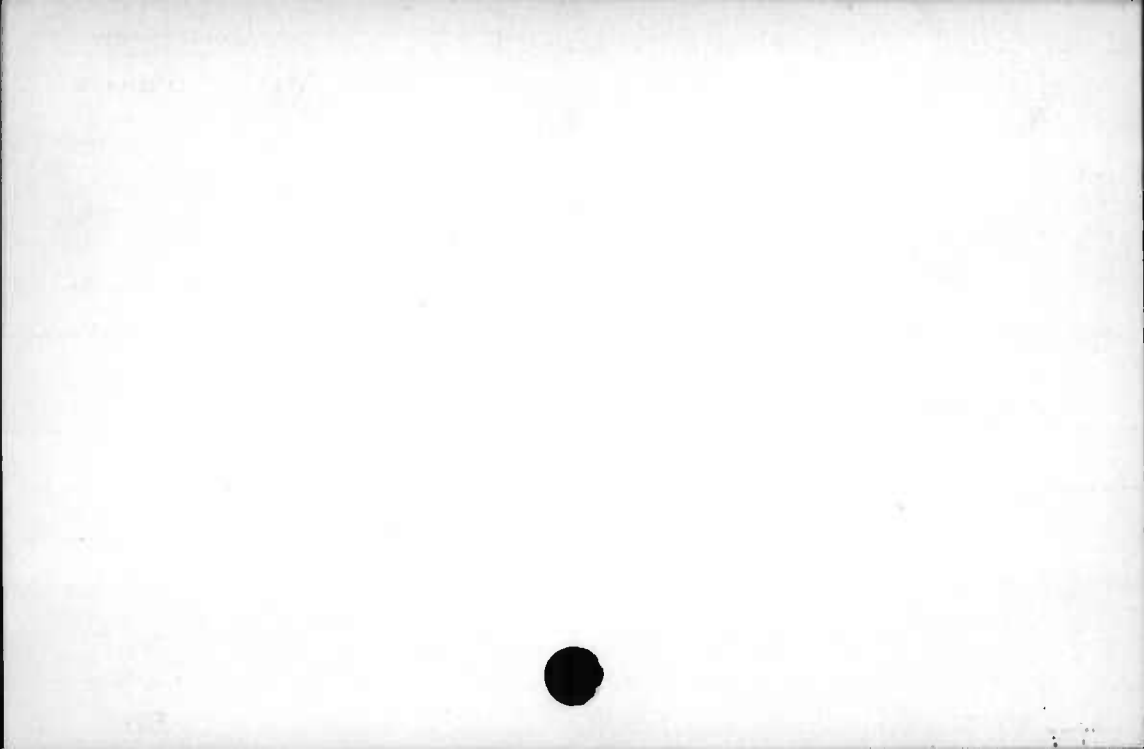
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rawlings</u> ^{Town}		<u>Alley</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>sep</u>	Day <u>23</u>	Age <u>4</u>	Months <u>3</u>	Days <u>21</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Mo</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>J H Dawson</u>				Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>—</u>				Mother's Birthplace <u>—</u>	
Name of person giving information <u>J H Dawson</u>				How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Probably diphtheria</u>	How long <u>1 week</u>
Immediate <u>Membr. Group</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Ed Hoffman</u>
	Address <u>Keyser</u>
Accident or Suicide? <u>—</u>	<u>W.Va</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Mary Douglas</i>		Town <i>Lisacoming</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Lisacoming</i>		Month <i>Sept</i>		Day <i>10th</i>		Years <i>66</i>	
Date of death <i>1906</i>		Month <i>Sept</i>		Day <i>10th</i>		Years <i>66</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Scotland</i>		Months <i>5-</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>---</i>		Days <i>24</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>---</i>		Father's Birthplace <i>Scotland</i>			
Father's Name <i>John Graham</i>		Mother's Maiden Name <i>Mary Horner</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs. Hugh Stevenson</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary

Senile debility

(64)

How long

Immediate

Apoplexy

How long

One week

Are the name, age, sex, color, date and place correctly given above?

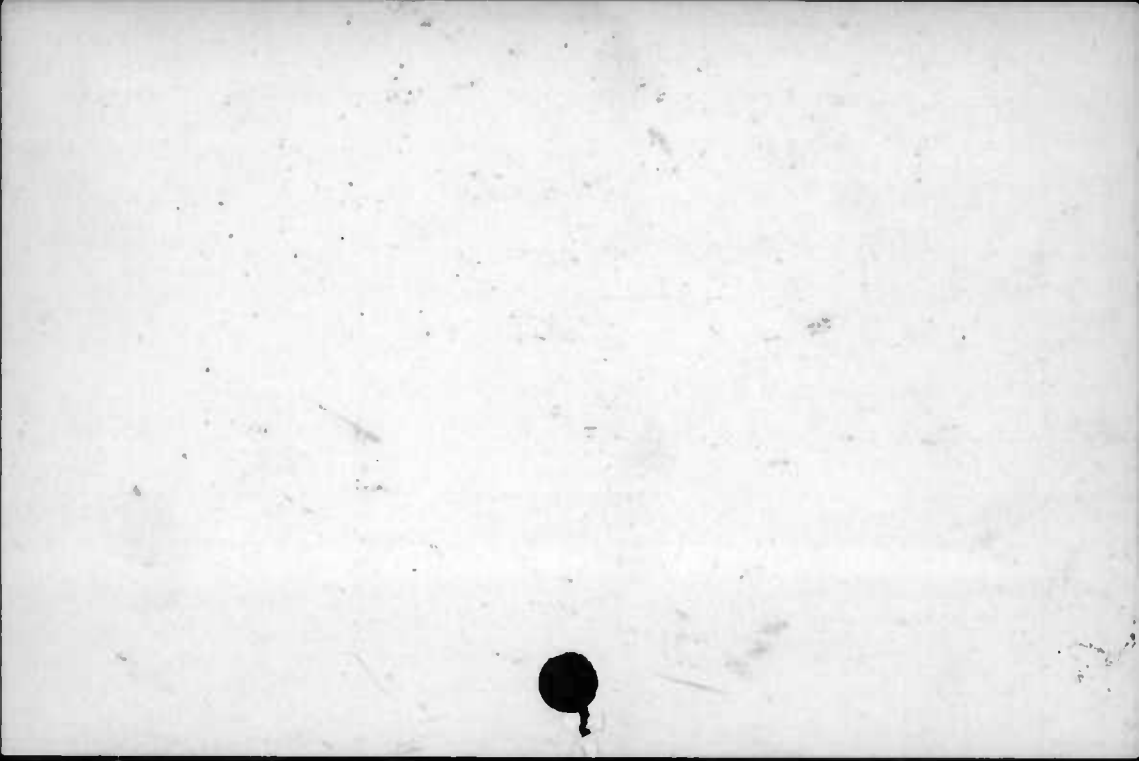
Signature of Physician

Address

*W. B. Skilling M.D.
Lisacoming*

Accident or Suicide?

No



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town} <i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Year} <i>Sept</i> ^{Month} <i>9</i> ^{Day}	Age <i>69</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Va.</i>	
Occupation <i>R.R. Conductor</i>	Where Residing If not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs S M. Dulin</i>		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>Lula Dulin</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

Primary *General Debility* *Exhaustion* 154 *How long*

Immediate *Exhaustion* *How long*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*Dr H. S. Wailes**Cumberland**Md.*

Accident or Suicide?

LOUIS STEIN

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

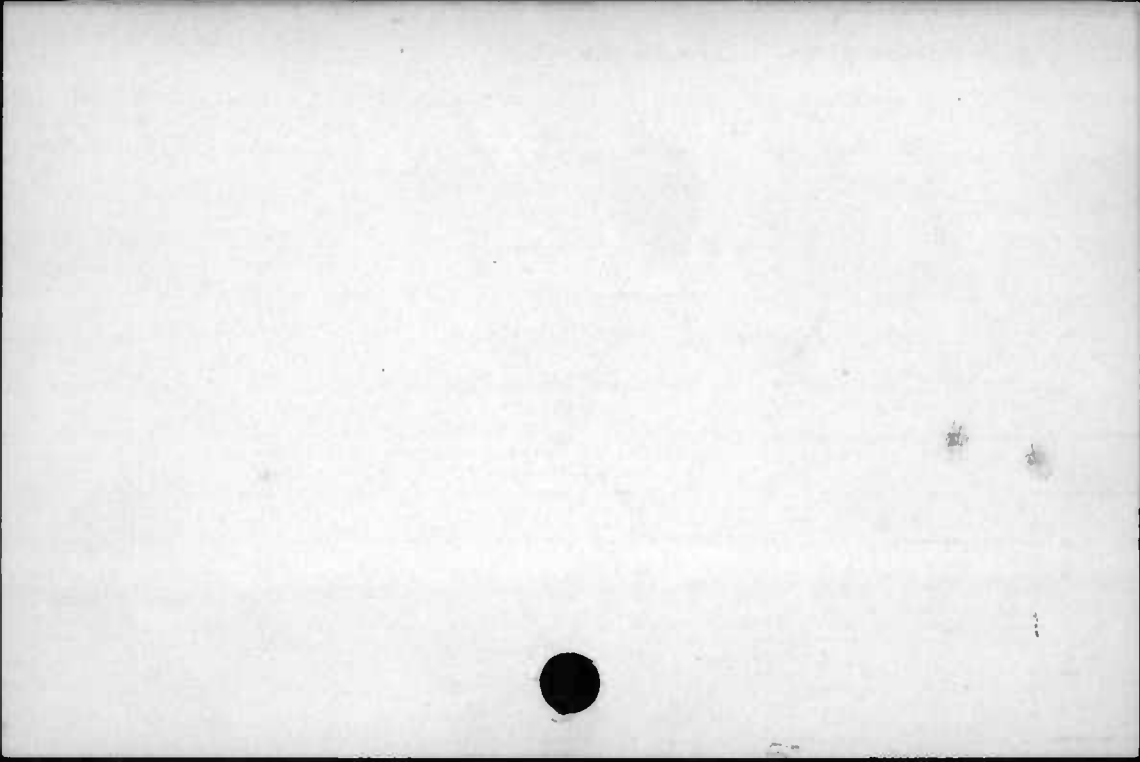
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William Carson		Town Ann		County Alto		MARYLAND	
Died at		Date of death 1908		Month Sept		Day 26	
Age 14		Years —		Months —		Days 14	
Sex Male		Color or Race White		Birth-place Md			
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Robert Carson		Father's Birthplace West Va					
Mother's Maiden Name Bertie Richard		Mother's Birthplace Md					
Name of person giving information Robert Carson		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 1 wk
Immediate Exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Dr. Thos. Koon
Address LOUIS STEIN	Address Cumberland Md.
Accident or Suicide? —	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Robert R. Elliot		County Bed Sargent Allegany		MARYLAND	
Died at Bed Sargent Allegany		Month 6 Sept		Day 1	
Date of death 190 6		Age 1		Months 3	
Sex Male		Color or Race White		Birth-place Bed Sargent Md	
Married, Single or Widowed Single		Occupation 			
Name of Wife or Husband 					
Father's Name Samuel Elliot			Father's Birthplace Pa		
Mother's Maiden Name Hattie Fisher			Mother's Birthplace Pa		
Name of person giving information Samuel Elliot			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Disease Angina	How long 3 weeks
Immediate Spasms	How long 3 hours
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician F. Alay E. Hughes
	Address Bed Sargent Md
Accident or Suicide? 	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Julia Ann Emrich

Died at ^{Town} Cumberland^{County} Allegany

MARYLAND

Date of death 1906 Sep 6

Day

Age

Years

Months

Days

Sex

Female

Color or Race

White

Birth-place

Bedford Co Pa.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Widow

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Mrs J P Smith

How related to deceased

Daughter-in-Law

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

5 yrs

Immediate

Exhaustion from Anemia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Geo L Broadbent
Cumberland

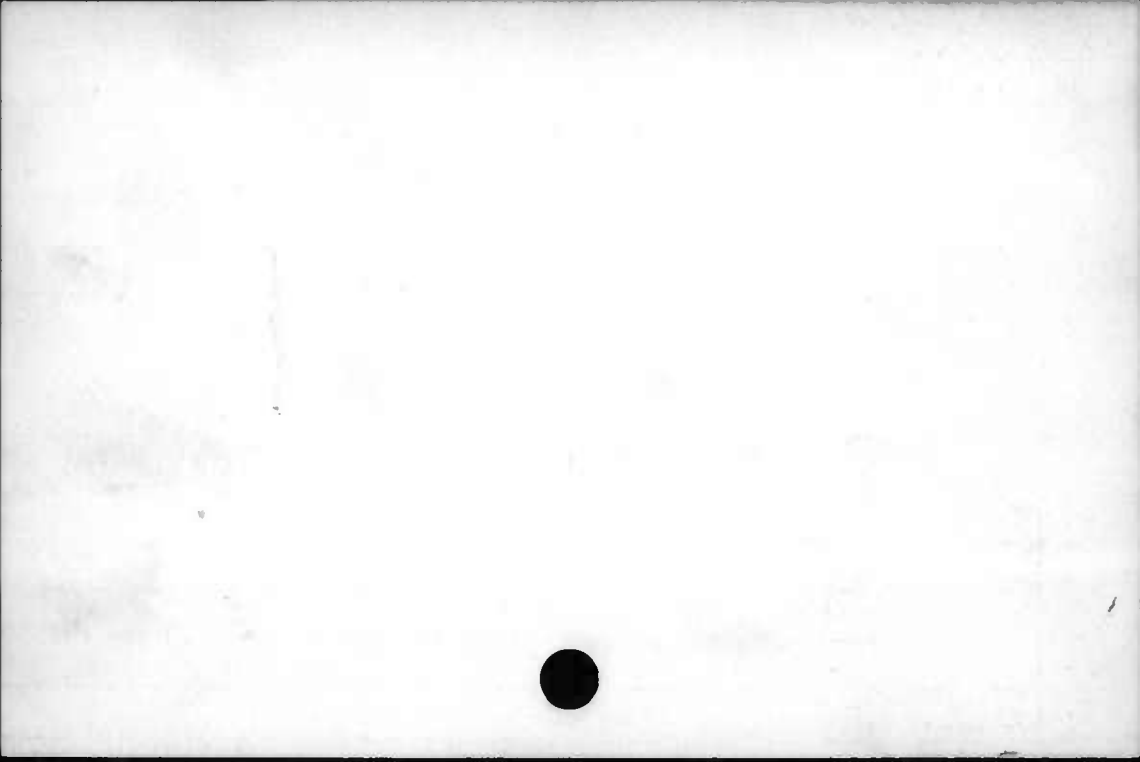
Accident or Suicide?

No.

98 Va. av.

Md

PHYSICIAN
OR CORONER



Name
in
Full

Mathias Everline

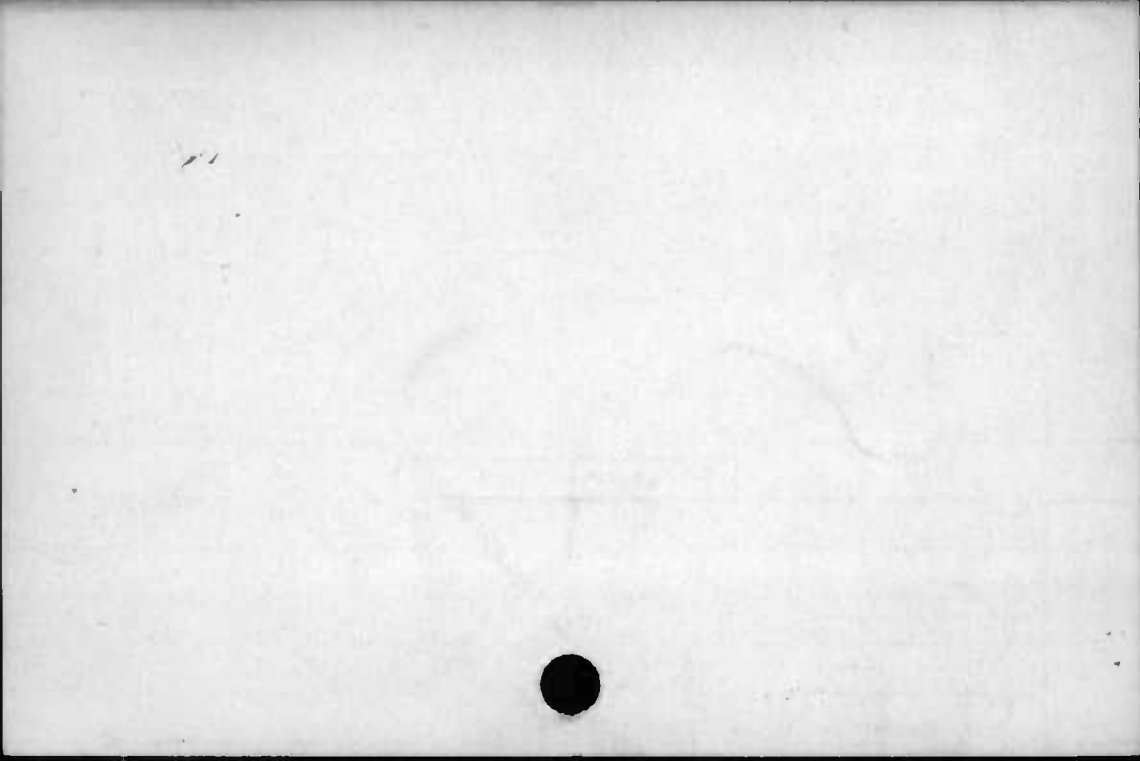
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carvionsville</i>		Town		<i>alligan</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Sept.</i>	Day	<i>10</i>	Age	<i>57</i>	Years	Months
								Days	
								<i>7</i>	
								<i>25</i>	
Sex	<i>Male</i>			Color or Race	<i>White</i>			Birthplace	<i>MT Savage Md</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			<i>-</i>		
Married, Single or Widowed	<i>married</i>			Name of Wife or Husband			<i>Margaret</i>		
Father's Name	<i>-</i>			Father's Birthplace					
Mother's Maiden Name	<i>-</i>			Mother's Birthplace					
Name of person giving information	<i>Samuel Everline</i>			How related to deceased			<i>Son.</i>		

CAUSES OF DEATH

Primary	<i>Typhoid Fever.</i>	How long	<i>2 m.</i>
Immediate	<i>Ulcers of Bowels.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr J Carl Smith</i>
	<i>LOUIS STEIN,</i>	Address	<i>Ellerslie Md.</i>
Accident or Suicide?	<i>Burial a Wellbriary</i>		



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name Carl Fazenbaker Town Cumberland County Allegheny

Died at Cumberland Date of death 1906 Month Sept Day 24 Age 18 Years Months 9 Days 9

Sex male Color or Race white Birth-place Phoenix Hill Md.

Occupation School-boy Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name M. Fletcher Fazenbaker Father's Birthplace Md

Mother's Maiden Name Rebecca Green Mother's Birthplace Barton Md.

Name of person giving information Mrs M F. Fazenbaker How related to deceased mother

CAUSES OF DEATH

Primary Appendicitis How long one wk

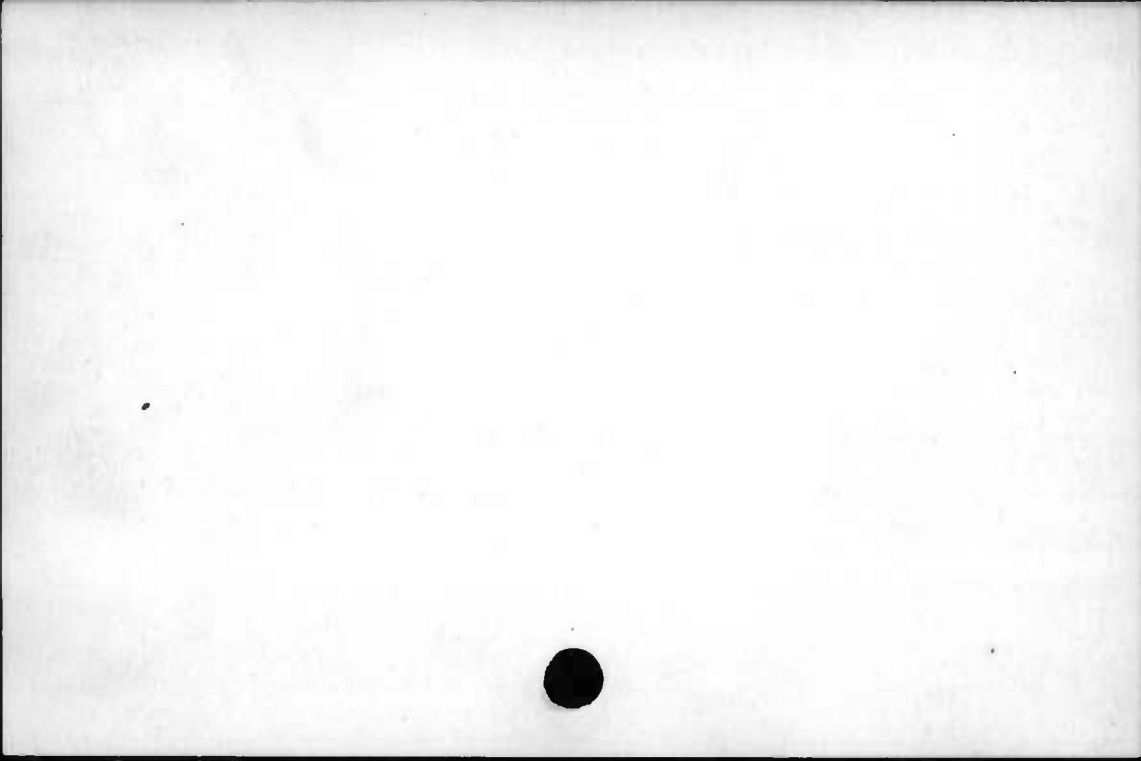
Immediate Exhaustion & suppression of urine How long 12 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. Kender

Address Cumberland Md.

Accident or Suicide? 1



Name
in
Full

Martha A. Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Town Allegheny County MARYLAND

Date of death 1906 Sept 8 41 Months - Days -

Sex Female Color or Race Colored Birth-place Ind

Occupation Wife Where Residing if not at place of death -

Married, Single or Widowed married Name of Wife or Husband Harry Fisher

Father's Name - Father's Birthplace -

Mother's Maiden Name - Mother's Birthplace -

Name of person giving information Harry Fisher How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis of Lungs How long 6 mo.

Immediate Ephrastron How long -

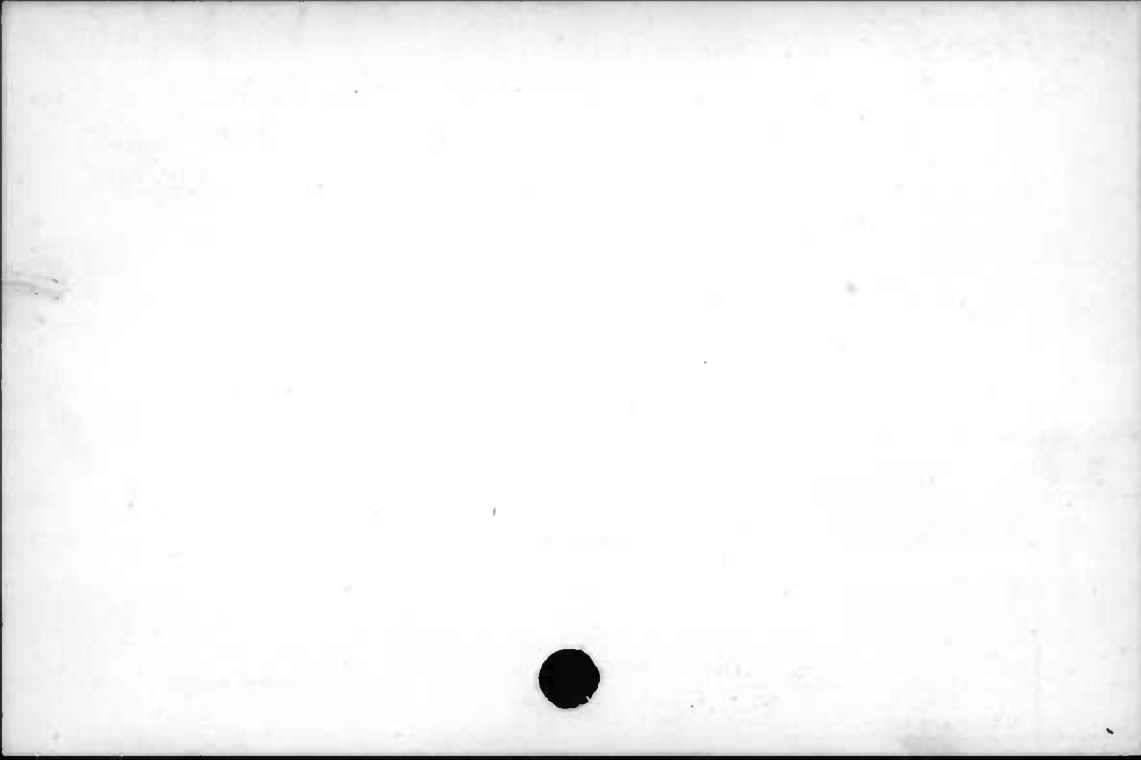
Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician Dr. S. Sparks.

Address Cumberland

LOUIS STEIN. Ind

Accident or Suicide? -



Name
in
Full

Hartland Wilton Fitch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland ^{Town} Allegany ^{County} **MARYLAND**

Date of death 1906 ^{Month} Sept. ^{Day} 13 ^{Years} — ^{Months} 6 ^{Days} —

Sex — Color or Race White Birth-place Cumhd.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Everett Fitch Father's Birthplace Ohio

Mother's Maiden Name Bula Wallen Mother's Birthplace W. Va

Name of person giving information Bula Fitch How related to deceased Mother

CAUSES OF DEATH

Primary Cholera Infantum How long 2 mo.

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. J. J. Wilson

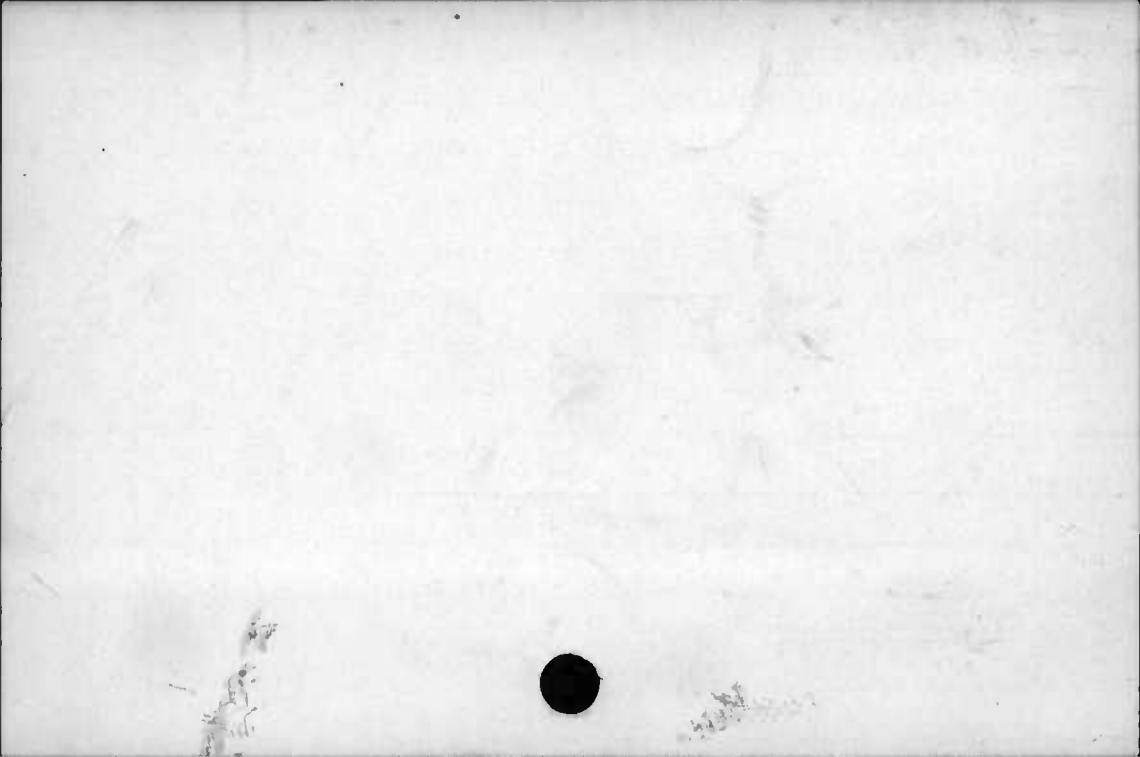
Address Cumberland

2nd

LOUIS STEIN.

Accident or Suicide? —

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

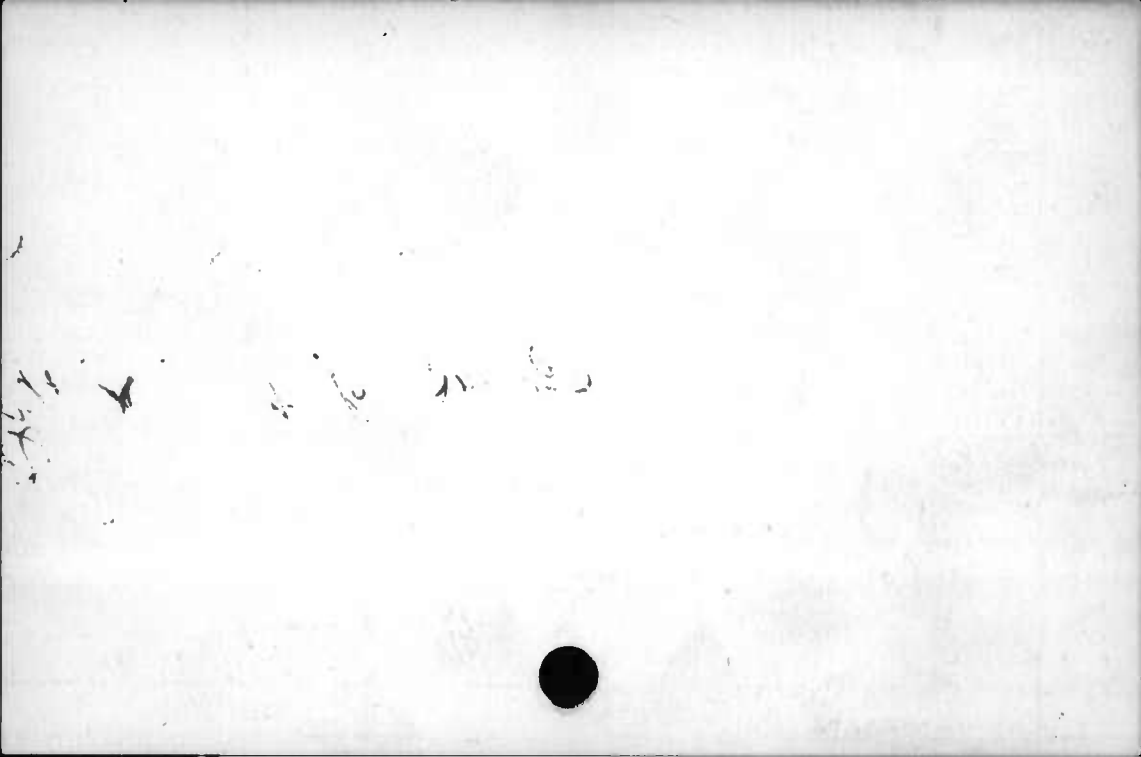
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westernport</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1906	Month	Sept	Day	5
Age	1	Years	5	Months	
Sex	male	Color or Race	white	Birth place	Westernport
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			James Gilbert		
Mother's Maiden Name			Father's Birthplace		
Name of person giving information			Mother's Birthplace		
			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>all his life</i>
Immediate	<i>Colera Infantum</i>	How long	<i>5 or 6 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. A. Shuen</i>	
		Address	
		<i>Piedmont W. Va</i>	
Accident or Suicide?			
<i>no</i>			



Name
is
Full

Catharine E. Giles

CERTIFICATE OF DEATH

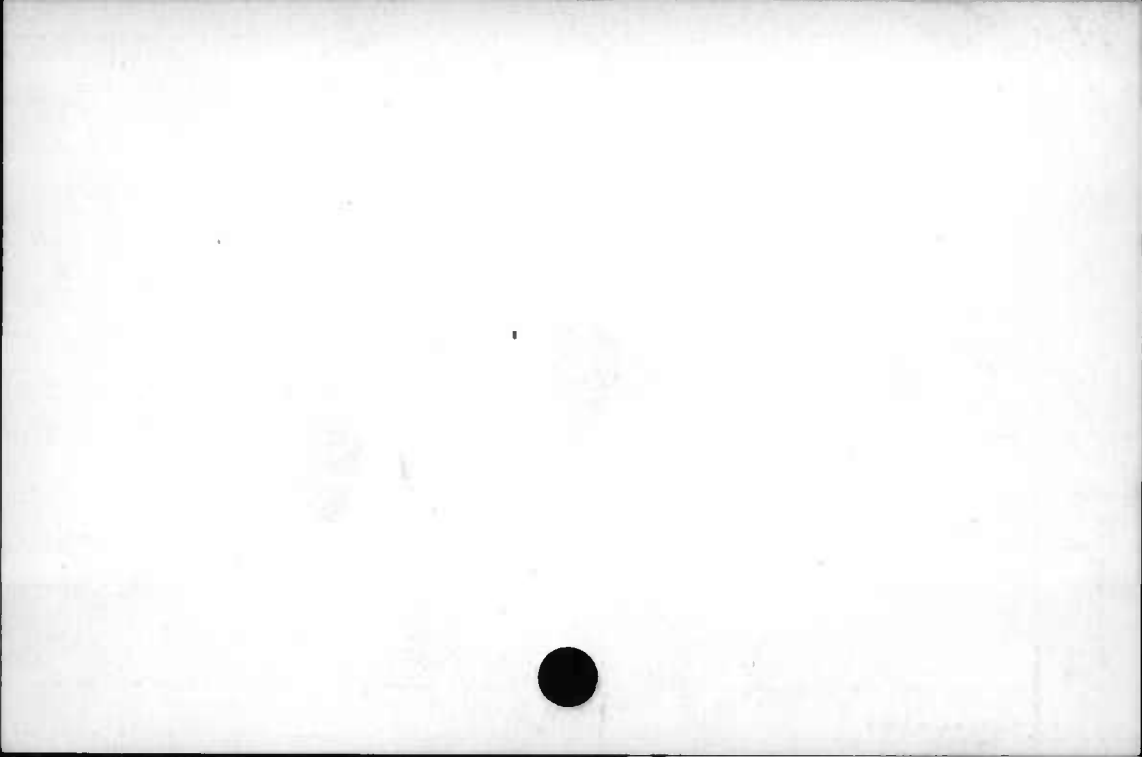
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camden</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1906	Month	Sept.	Day	6
Age	1	Years	4	Months	
Sex	Female	Color or Race	White	Birth-place	W. Va.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Thomas Giles			Father's Birthplace	Pa.
Mother's Maiden Name	Lillie Worthington			Mother's Birthplace	W. Va.
Name of person giving information	Thomas Giles			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>1 mo</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>Dr. Thos. Room</i>
LOUIS STEIN.	Address	<i>To Cranberry</i>	
Accident or Suicide?		<i>ma.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Fiscal		Baltimore		Baltimore		MARYLAND	
Date of death	1906	Month	Sept	Day	12	Age	78
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		Germany	
Where Residing if not at place of death		Baltimore		Father's Birthplace		Germany	
Married, Single or Widowed		Widowed		Name of Wife or Husband		John Zeigler	
Father's Name		John Zeigler		Mother's Birthplace		Germany	
Mother's Maiden Name		Lidia Kramb		How related to deceased		Son-in-law	
Name of person giving information		Emmanuel Shepper					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age + weakness of heart	How long	About 3 1/2 years
Immediate	Apoplexy	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. H. Dittke
		Address	Blum Rock Pa
Accident or Suicide?	Sudden		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>9</i>	Day <i>17</i>	Age <i>84</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Frederick Co</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Patrick Callaghan</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Margt O'Hargan</i>				Mother's Birthplace <i>Frederick Co</i>			
Name of person giving information <i>Miss Harbuney</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OF CORONER

Primary <i>Fracture neck of Femur</i>	How long <i>2 1/2 months</i>
Immediate <i>Exhaustion</i>	How long " "
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Johnson</i>
<i>Butler</i>	Address <i>Cambridge Ave</i>
Accident or Suicide? <i>No</i>	

1873
1874

Dr. Fackelman

Name
in
Full

CERTIFICATE OF DEATH

George S. Hast

Town

County

MARYLAND

Died at

Chimborland

accergany

Date

of death *1906*

Month

Sept

Day

1

Age

Years

Months

0

Days

15

Sex

female

Color or
Race

white

Birth-
place

Amib

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Edward H. Hast

Father's
Birthplace

Amib

Mother's
Maiden Name

Blanch Jay

Mother's
Birthplace

Pa

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

acute meningitis

How long

(61)

Immediate

convulsions

How long

*one week
a few hours*

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. Loren Wilson

Address

Chimborland

Accident or Suicide?

✓

mb

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Ann Hogan</i>		Town <i>Lonaconing</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 Sept 20</i>		<i>1</i>		<i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>		Days <i>8</i>	
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband _____					
Father's Name <i>James Hogan</i>				Father's Birthplace <i>Lonaconing</i>			
Mother's Maiden Name <i>Elizabeth Gallagher</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Eliz. Hogan</i>				How related to deceased <i>brother</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER 1	Primary	<i>Malnutrition</i>	How long <i>19</i>	<i>all its life</i>
	Immediate	<i>asthma</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Henry M. Hays</i>	Address <i>Lonaconing</i>
	Accident or Suicide?	<i>No</i>		



Name
in
Full

Oscar Brown Howard.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

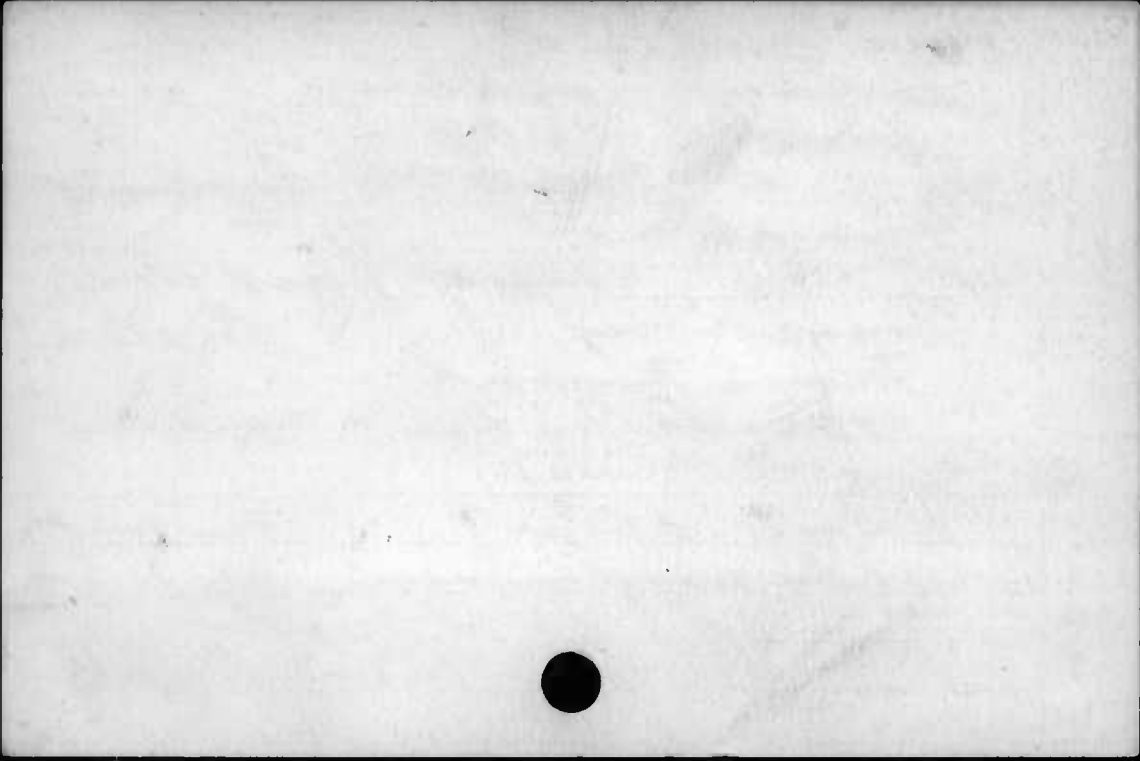
Died at <i>Westmont</i>		<i>Allegany</i>		MARYLAND	
Date of death	190	6	9	1	4
Sex	Male		Color or Race	White	
Occupation			Birthplace	Maryland.	
Married, Single or Widowed			Name of Wife Husband		
Father's Name			Father's Birthplace		
<i>John W Howard</i>			<i>Maryland</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Ester. Adams</i>			<i>W. Va.</i>		
Name of person giving information			How related to decedent		
<i>John W Howard</i>			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. L. Kallough</i>
		Address	<i>Piedmont</i>
Accident or Suicide?	<i>no</i>		

179



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Frederick</i> <small>Town</small>		<i>Alley</i> <small>County</small>	
Date of death <i>1906 Sep 16</i>	<i>16</i> <small>Month</small>	<i>59</i> <small>Years</small>	<i>6</i> <small>Months</small> <i>18</i> <small>Days</small>
Sex <i>F</i>	Color or Race <i>white</i>	Birth-place <i>England</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Benj. Jenkins</i>		
Father's Name <i>Isaac Toney</i>	Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Maria Hayward</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Fredk Jenkins</i>	How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute abscess</i>	How long <i>few months</i>
Immediate <i>Abscess of Liver</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>y</i>	Signature of Physician <i>J. H. H. H.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>—</i>	

J. P. Allen
Allen

Name
in
Full

W. H. Kitzmiller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		To <i>County</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1906	Month	<i>Sep</i>	Day	7	Years	40
Sex	male		Color or Race	white		Months	6
Birth-place	<i>Gettysburg Pa</i>						
Occupation	<i>Marble cutter</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or <u>Husband</u> <i>Ida</i>				
Father's Name	<i>Dead</i>					Father's Birthplace	
Mother's Maiden Name	<i>Dead</i>					Mother's Birthplace	
Name of person giving information	<i>Ida Kitzmiller</i>					How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary			How long	
Immediate	<i>Typhoid fever</i>		How long	<i>2 Week.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>		Signature of Physician	<i>H. S. Wailes M.D.</i>
			Address	<i>S. Cumberland</i>
Accident or Suicide?	<i>LOUIS STEIN</i>			

Name
in
Full

CERTIFICATE OF DEATH

Raymond Klein

Town

County

MARYLAND

Died at Carrigonsville

Accugary

Date

Month

Day

Years

Months

Days

of death 1906

Sep.

16

Age

1

2

Sex

Male

Color or
Race

White

Birth-
place

Carrigonsville

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Frederick H Klein

Father's
Birthplace

Md

Mother's
Maiden Name

Ida Deffalaugh

Mother's
Birthplace

ma

Name of person giving
In formation

Frederick H Klein

How related
to deceased

Father

CAUSES OF DEATH

Primary

complication

How long

3 weeks

Immediate

Anemia

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

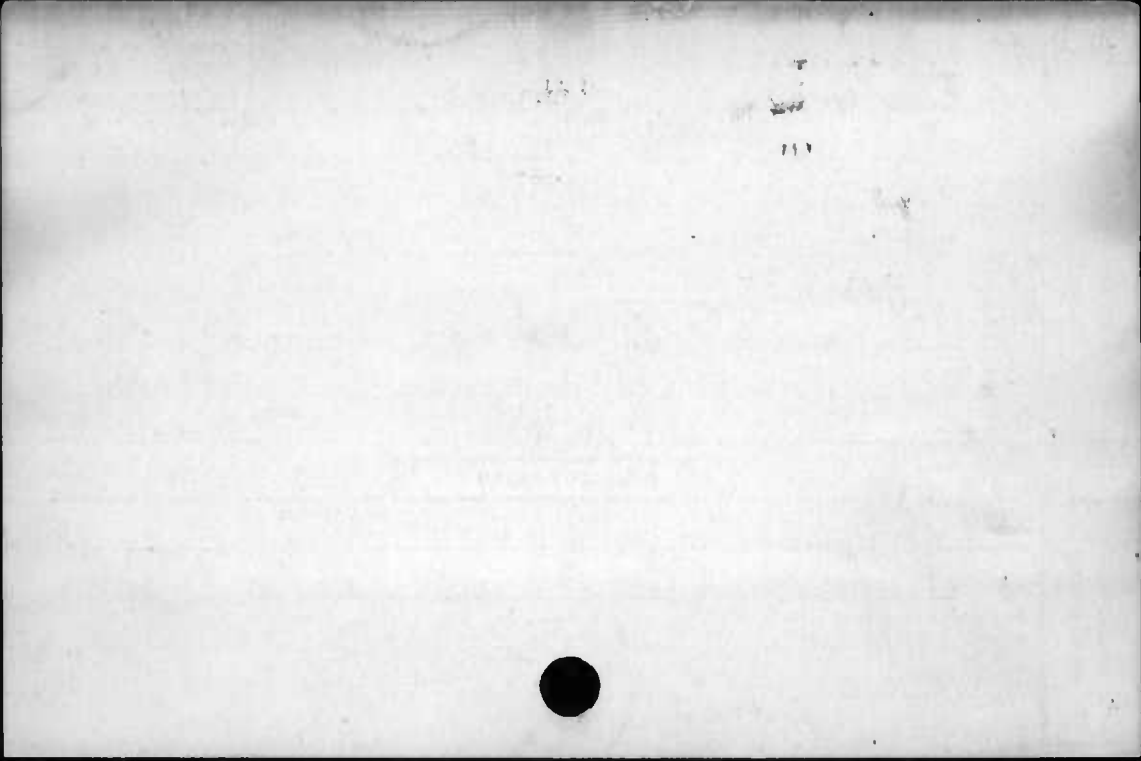
Address

Green LOUIS STENG

J. C. Smith M.D.
Elleolie md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER
1



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Catherine Lutz/Krance
Frothingham

Town

County

Date

of death

1906 Sept. 2

Month

Day

Age

Years

Months

Days

33

Sex

Female

Color or
Race

White

Birth-
placeRoxbury, Ind
Frothingham

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Christopher Krance

Father's
Name

Frederick Lutz

Father's
Birthplace

Germany

Mother's
Maiden Name

Barbara Kumpf

Mother's
Birthplace

Germany

Name of person giving
information

Margaret Engler

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Typhoid fever

How long

about 2 weeks

Immediate

Cardiac exhaustion

How long

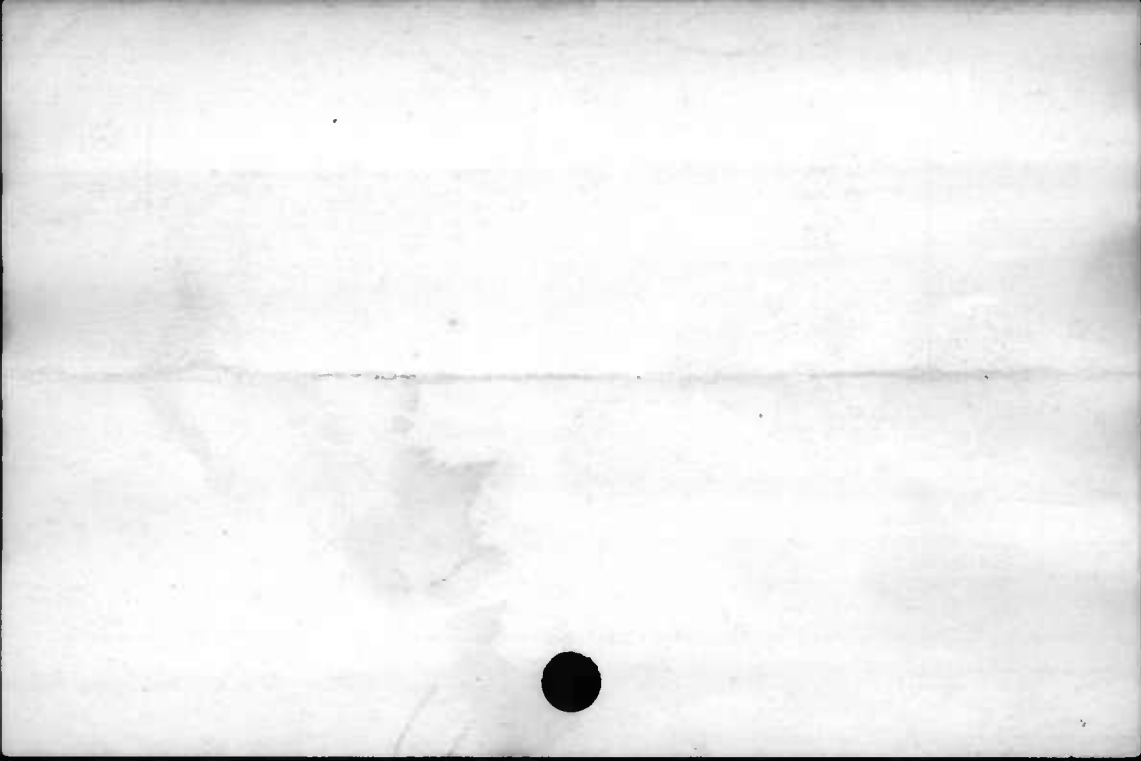
about 69 hours

Are the name, age, sex, color, date
and place correctly given above?Yes
Mrs.Signature of
Physician

Address

J. C. Cober
Frothingham, Md.

Accident or Suicide?



Name
in
Full

Mary E. Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cumtad ^{Town} Acraigay ^{County}

Date of death 1906 ^{Month} Sep. ^{Day} 7 ^{Age} 7 ^{Years} 18 ^{Months} 7 ^{Days} 18

Sex Female Color or Race White Birth-place Cumtad

Occupation - Where Residing if not at place of death -

Married, Single
or WidowedName of Wife or
HusbandFather's
NameS. A. LewisFather's
BirthplacePan Pan Wa.Mother's
Maiden NameMary CorbinMother's
BirthplaceW. Va.Name of person giving
In formationS. A. LewisHow related
to deceasedFather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Initia

How long

6 wks

Immediate

Exhaustion

How long

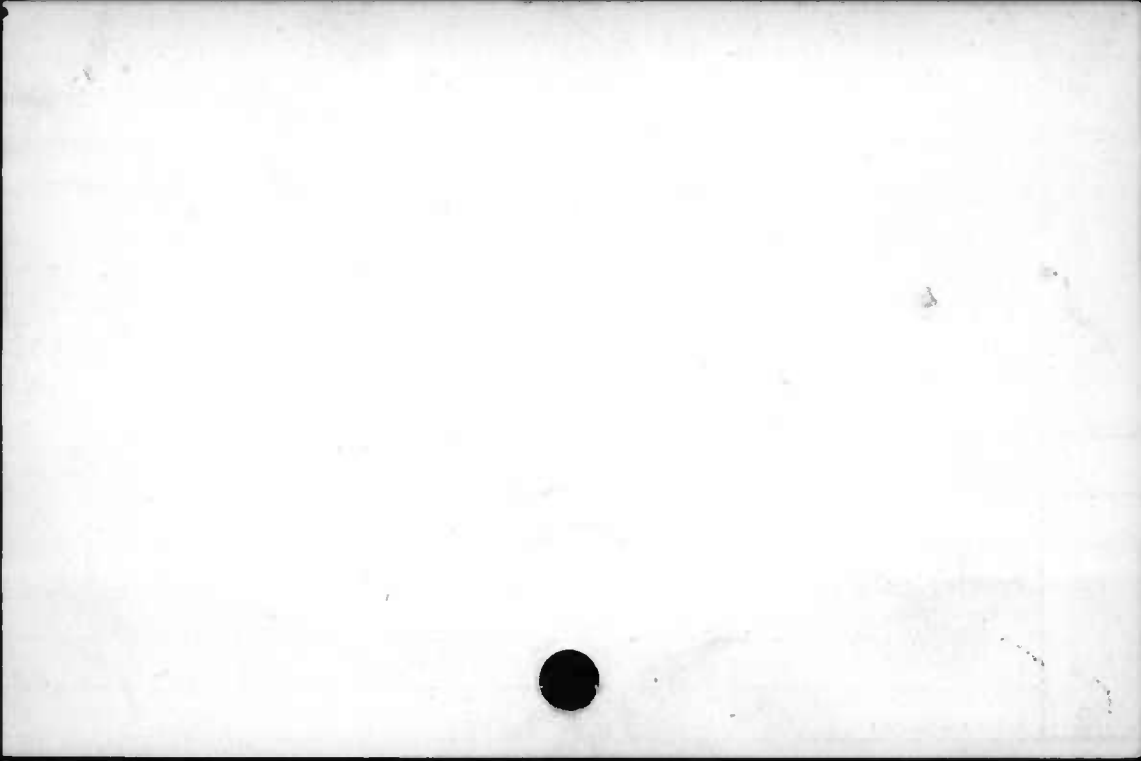
2 ds.Are the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianDr. W. R. Hodges

Address

LOUIS STEIN.CumberlandMa.

Accident or Suicide?

LIBRARY BUREAU ACCESS



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Ottaworth Stanley Lohr

Town

Allegany

County

Allegany

MARYLAND

Date

of death 1906

Month

9

Day

14

Age

Years

19

Months

6

Days

24

Sex

M

Color or
Race

W

Birth-
place

Md.

Occupation

Miner

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Jacob Lohr

Father's
Birthplace

Md

Mother's
Maiden Name

Mrs Catherine Lohr

Mother's
Birthplace

Md.

Name of person giving
information

Cath Lohr

How related
to deceased

mother

CAUSES OF DEATH

Primary

Typhoid Fever

How long

1

How long

4 wks

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

D. H. M. Lane
Frostburg Md

Accident or Suicide?

24

Name
in
Full

Mary Dempsey Logsdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Barton* County *Allegheny* MARYLAND

Died at *Barton*

Date of death 1906 *Sept.* Day *24* Age *57* Months *4* Days *12*

Sex *Female* Color or Race *white* Birth-place *American*

Married, Single or Widowed *Married* Occupation *H.W.*

Name of Wife or Husband *John F. Logsdon*

Father's Name *Thomas Dempsey* Fether's Birthplace *Ireland*

Mother's Maiden Name *Ann Harmon* Mother's Birthplace *Ireland*

Name of person giving information *John F. Logsdon* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Bronchitis* How long *Years*

Immediate *Acute Oedema of lungs* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. A. Boucher*

Address *Barton Ind*

Accident or Suicide?



Name
in
Full

Harrah Matthews

CERTIFICATE OF DEATH

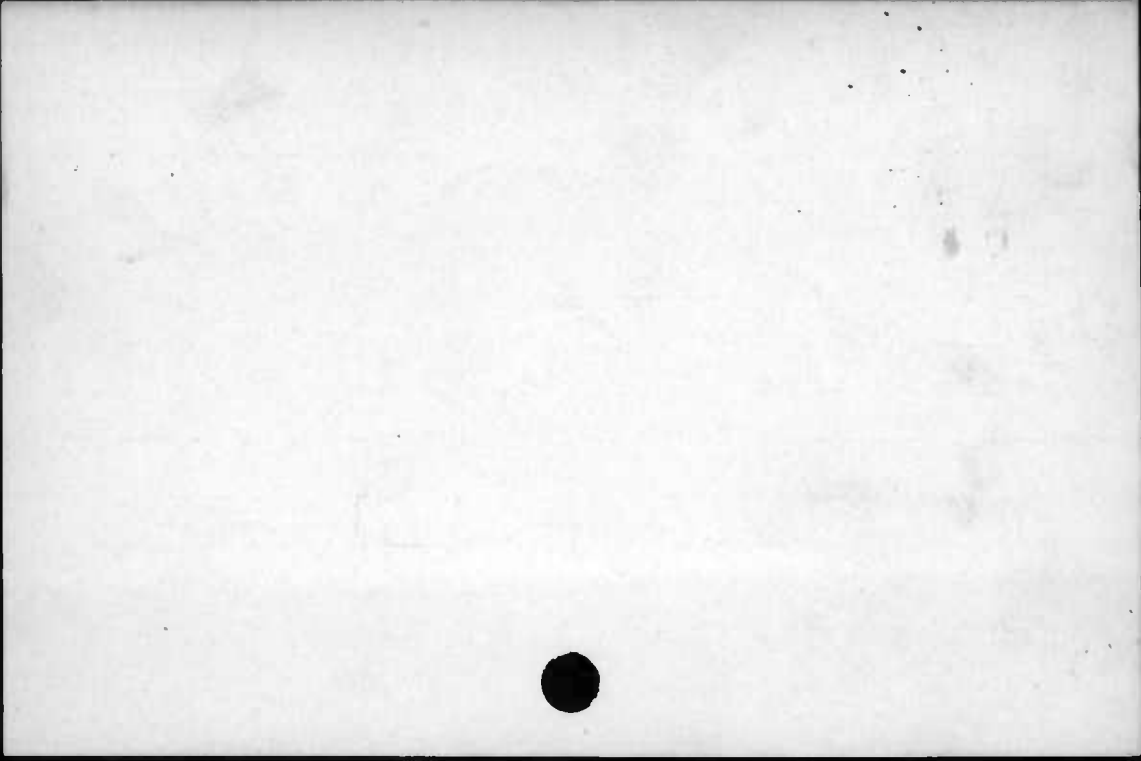
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Loxacoming</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>Sept</i> Day <i>4</i> Age <i>3</i> Years Months Days		Sex <i>Female</i> Color or Race <i>White</i>		Birth-place <i>Loxacoming</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Matthews</i>		Father's Birthplace <i>Loxacoming</i>			
Mother's Maiden Name <i>Sarah Moses</i>		Mother's Birthplace <i>Loxacoming</i>			
Name of person giving information <i>Wm. Matthews</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary <i>Lacerated wound of scalp</i>	How long <i>One week</i>
Immediate <i>Retained</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Skilling, M.D.</i>
	Address <i>Loxacoming</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth Mellett

Town

County

MARYLAND

Died at

St. Cuthberts

Allegheny

Date

1906

Month

Sept

Day

13

Age

Years

Months

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Joseph Mellett

Father's
Birthplace

Pa

Mother's
Maiden Name

Sarah Anne Clay

Mother's
Birthplace

WVa

Name of person giving
information

Mother

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Premature Birth, 8th Mo.

How long

1 day

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

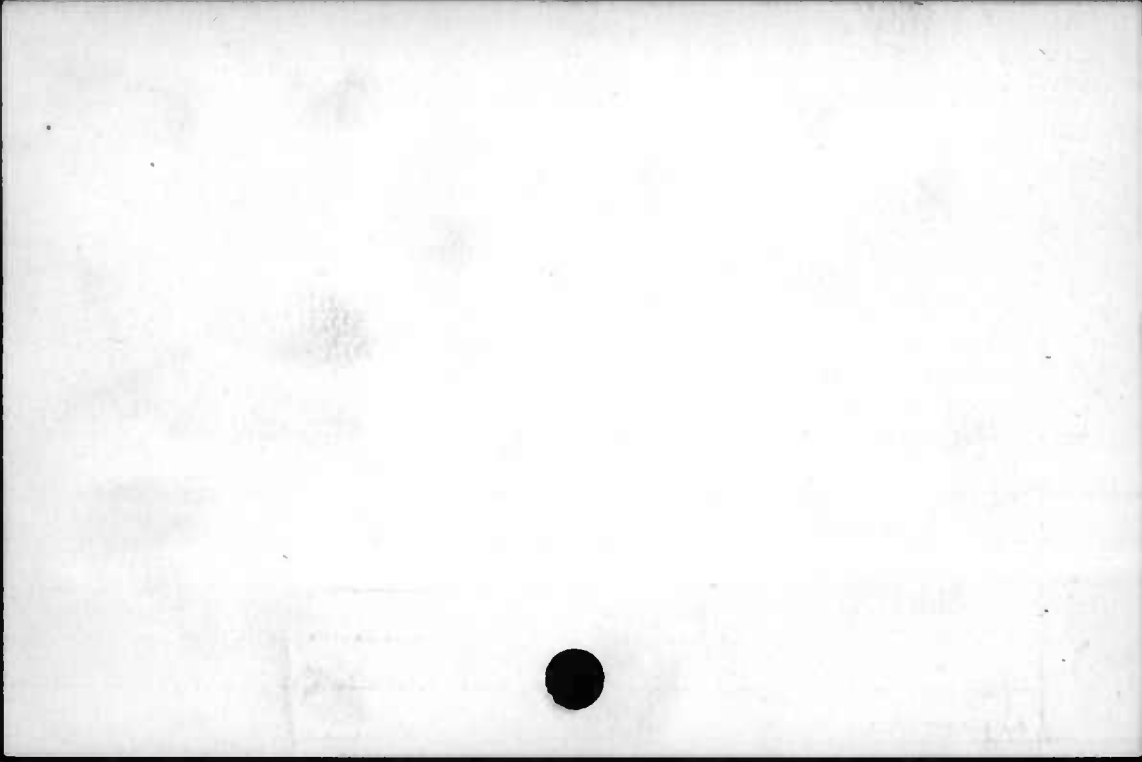
Address

Gov. Brydner
Cumberland

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Metc* Town *Prestburg* County *Allegheny* MARYLAND

Died at *Prestburg* Date of death 190 *6* Month *Sept* Day *8* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Prestburg*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Peter Metc* Father's Birthplace *Italy*

Mother's Maiden Name *Son Lorraine* Mother's Birthplace *Italy*

Name of person giving information *Peter Metc* How related to deceased *—*

CAUSES OF DEATH

Primary *Exhaustion* How long *Five days*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. A. Watson* Address *Prestburg W. Va.*

Accident or Suicide? *—*

PHYSICIAN
OR CORONER

77

Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month	Day	Years	Months		Days
	Sex		Color or Race		Birth-place			
	Occupation		Where Residing if not at place of death					
	Married, Single or Widowed		Name of Wife or Husband					
PHYSICIAN OR CORONER	Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
	Name of person giving information				How related to deceased			
	CAUSES OF DEATH							
	Primary		Immediate		How long		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address				
Accident or Suicide?								

S T M

Missouri Cemetery -

Name
in
Full

Eathorne J Mullon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Annapolis		MARYLAND		
Date of death		1906	Month Sept	Day 14	Age	Years 65	Months -	Days -
Sex	Female		Color or Race	White		Birth-place	Cumberland	
Occupation	House Keeper				Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband		-			
Father's Name					Father's Birthplace			
Mother's Maiden Name					Mother's Birthplace			
Name of person giving information					How related to deceased			
Frank Mullon					Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Influenza	How long	1 year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		J B Mac Donald M.D.	
Address		Cumberland Md	
Accident or Suicide?			

LOUIS STEIN



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland ^{Town} Alleghany ^{County}		MARYLAND	
Date of death 1906	Sept. ^{Month}	19 ^{Day}	Age 74 ^{Years}
Sex Female	Color or Race White	Birth-place Hancock, Md.	Months — Days —
Occupation —	Where Residing if not at place of death —		
Married, Single or Widowed Married.	Name of Wife or Husband —		
Father's Name —	Father's Birthplace —		
Mother's Maiden Name —	Mother's Birthplace —		
Name of person giving information Ellen Munday	How related to deceased daughter		

CAUSES OF DEATH

Primary Dysentery	How long 2 weeks
Immediate Exhaustion	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? ya	Signature of Physician W. H. Brace
	Address Cumberland Md
Accident or Suicide? —	

PHYSICIAN
OR CORONER



Name
in
Full

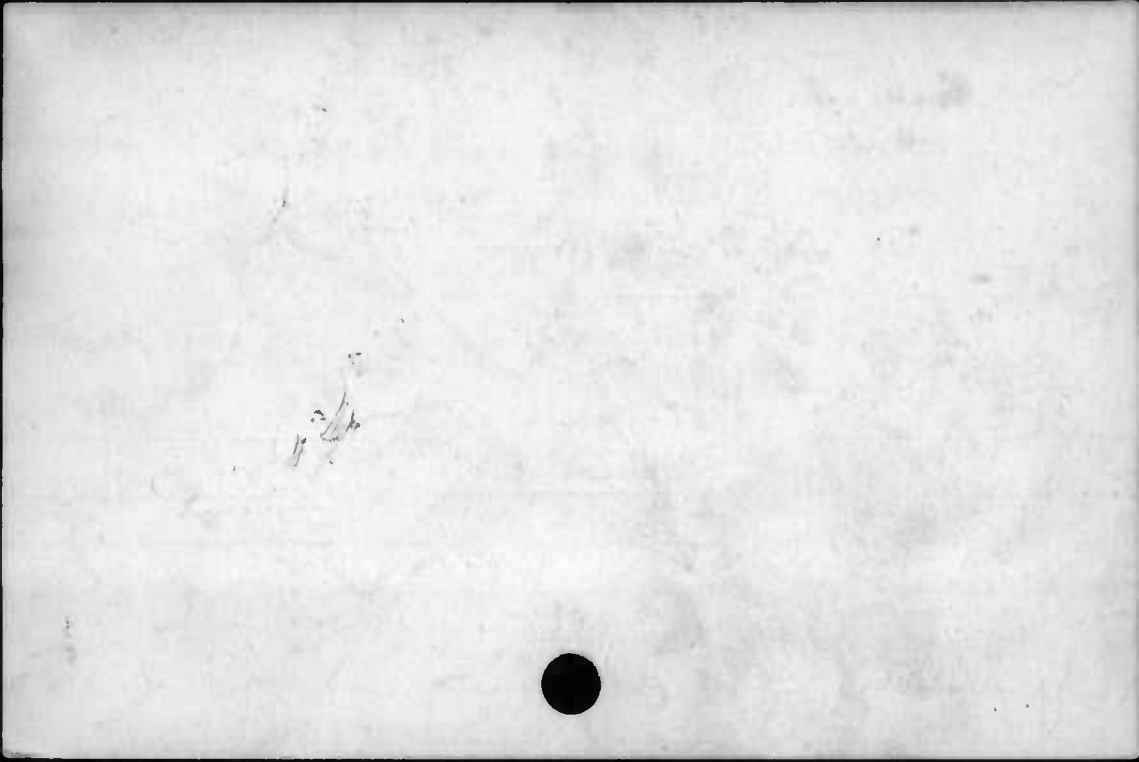
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtland</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND	
Date of death	1906	Month	Sept 29	Day	29
Sex	Female	Color or Race	Black	Age	14
Occupation		Birth-place	Cumtland	Where Residing if not at place of death	Cumtland
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Robert W. Parker	Father's Birthplace	Cumtland		
Mother's Maiden Name	Estela Widen	Mother's Birthplace	Cumtland		
Name of person giving Information	Robert W. Parker	How related to deceased			

CAUSES OF DEATH

Primary	Inanition	How long	14 days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Ch. P. P. P.
		Address	Cumtland
Accident or Suicide?			md



Name
in
Full

Edgar Lewis Paxton

CERTIFICATE OF DEATH

MARYLAND

Died at

Cunning

County

Alle

Date

of death 1906

Month

Sep -

Day

11

Age

Years

Months

1

Days

24

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

A M Paxton

Father's
Birthplace

West Va

Mother's
Maiden Name

Yveline Trantz

Mother's
Birthplace

Md

Name of person giving
information

A M Paxton

How related
to deceased

Father

CAUSES OF DEATH

Primary

Inanition

How long

7 weeks

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

C. H. Brice

Address

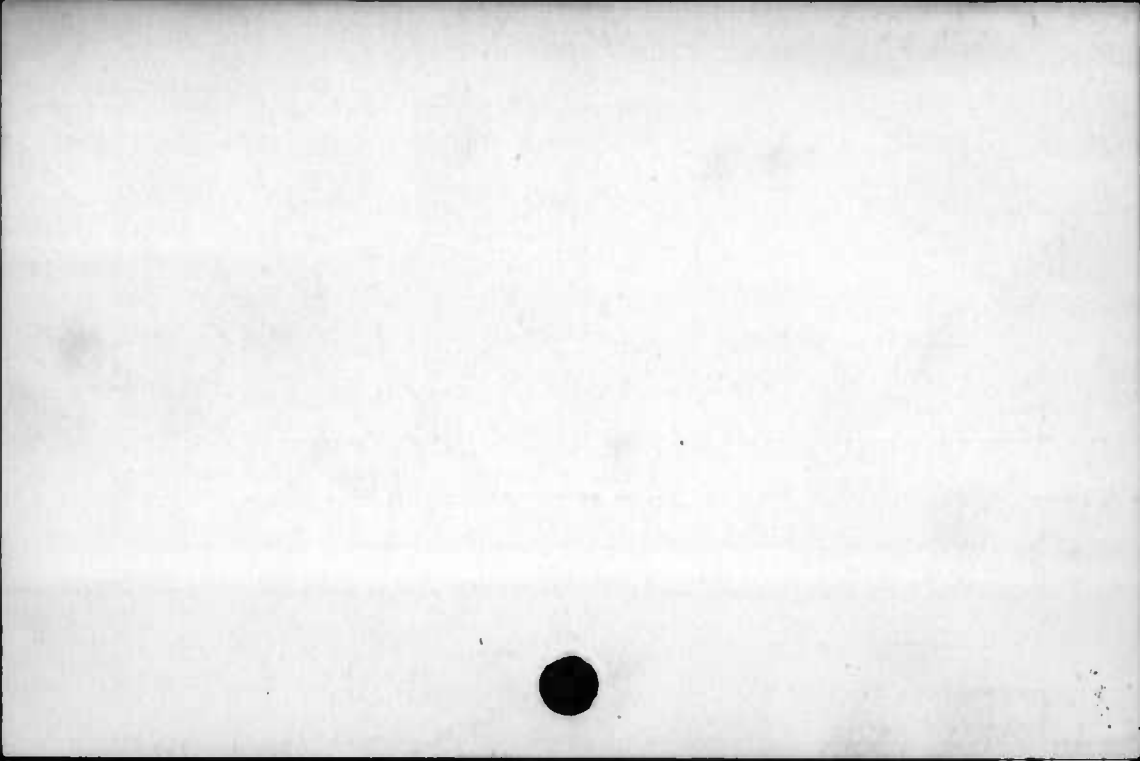
Cumber
Md

LOUIS STEIN,

Accident or Suicide?

Brice

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

David Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Horsburg</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>9</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>	Months <i>22</i>
Sex <i>M.</i>		Color or Race <i>N.</i>		Birth-place <i>Md</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>James Robinson</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Jane Hill</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>4 wks</i>
Immediate	<i>Pneumonia</i>	How long	<i>2 Day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. J. O'M Lane</i>		
	Address <i>Horsburg Md</i>		
Accident or Suicide?			

55m

allegionary Cereology-

Name
in
Full

Hannah Ryan

CERTIFICATE OF DEATH

MARYLAND

Died at *Cumtada* Town *Allegheny* CountyDate of death *1906* Month *sep* Day *9* Age *about 74* Years Months DaysSex *Female* Color or Race *White* Birth-place *Ireland*Occupation *Housekeeper* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or Husband *—*Father's Name *—* Father's BirthplaceMother's Maiden Name *—* Mother's BirthplaceName of person giving information *James Morgan* How related to deceased *Cousin*

CAUSES OF DEATH

Primary *Obstruction of bowel* How long *3 days*
& exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *F. M. Dockman*

LOUIS STEIN.

Address *Cumberland Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



1981-82

Name
in
Full

E. Hemming Schroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick Frederick County

MARYLAND

Date of death 1906 9 Month 10 Day Age 30 Years Months Days

Sex Male Color or Race White Birthplace Gloucester

Occupation Telegraph Operator Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Erasmus Schroll Father's Birthplace Germany

Mother's Maiden Name Annice Keeler Mother's Birthplace Canada

Name of person giving information Bessie Schroll How related to deceased

CAUSES OF DEATH

Primary Both Legs cut off 16

Immediate Exhaustion 3/4 hour

Are the name, age, sex, color, date and place correctly given above? Yes

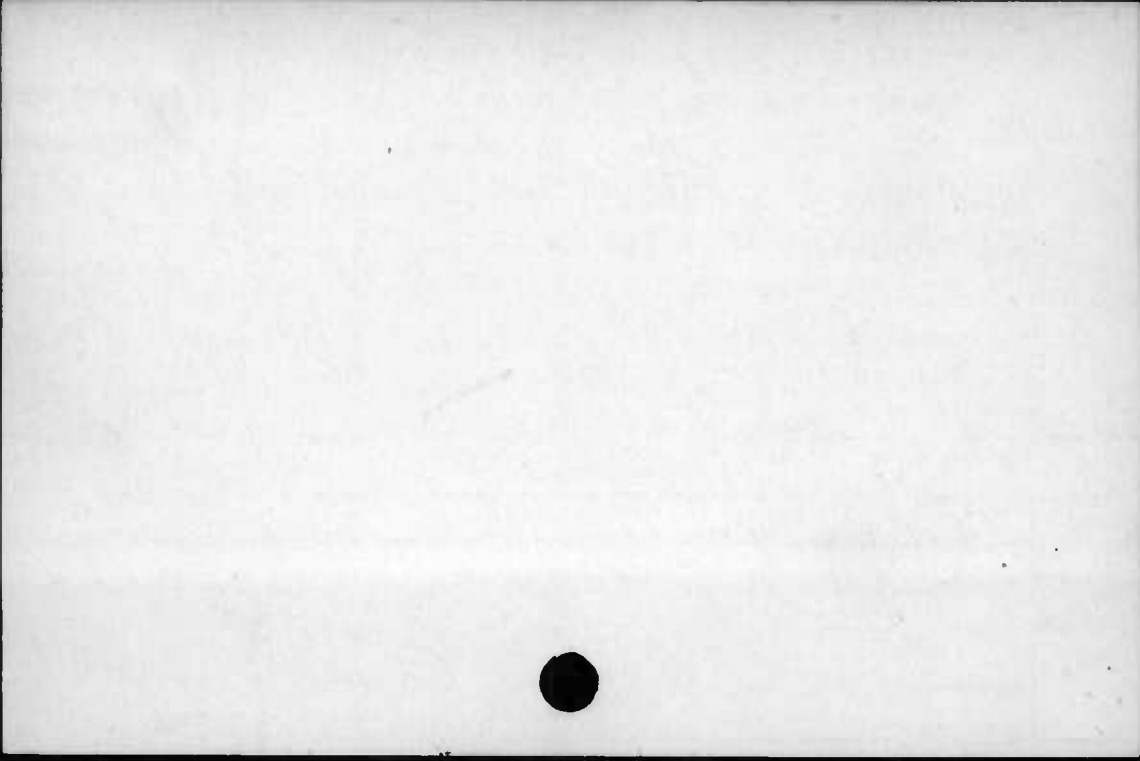
Signature of Physician Geo L. Lander

Address Cumberland

Accident or Suicide? No

PHYSICIAN
OR
CORONER





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Albert Seifert

Town

County

MARYLAND

Died at

Date

of death 1906

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

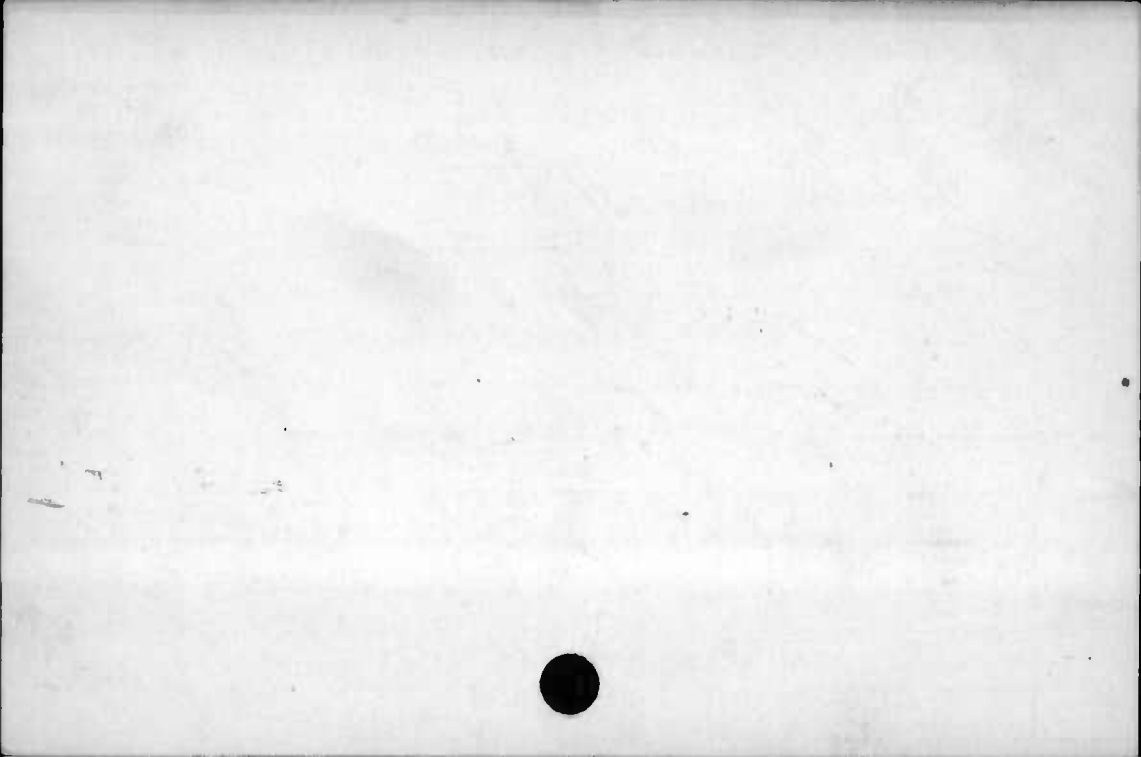
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

LOUIS STEIN.



Name
in
Full

Frank Henry Steummer

CERTIFICATE OF DEATH

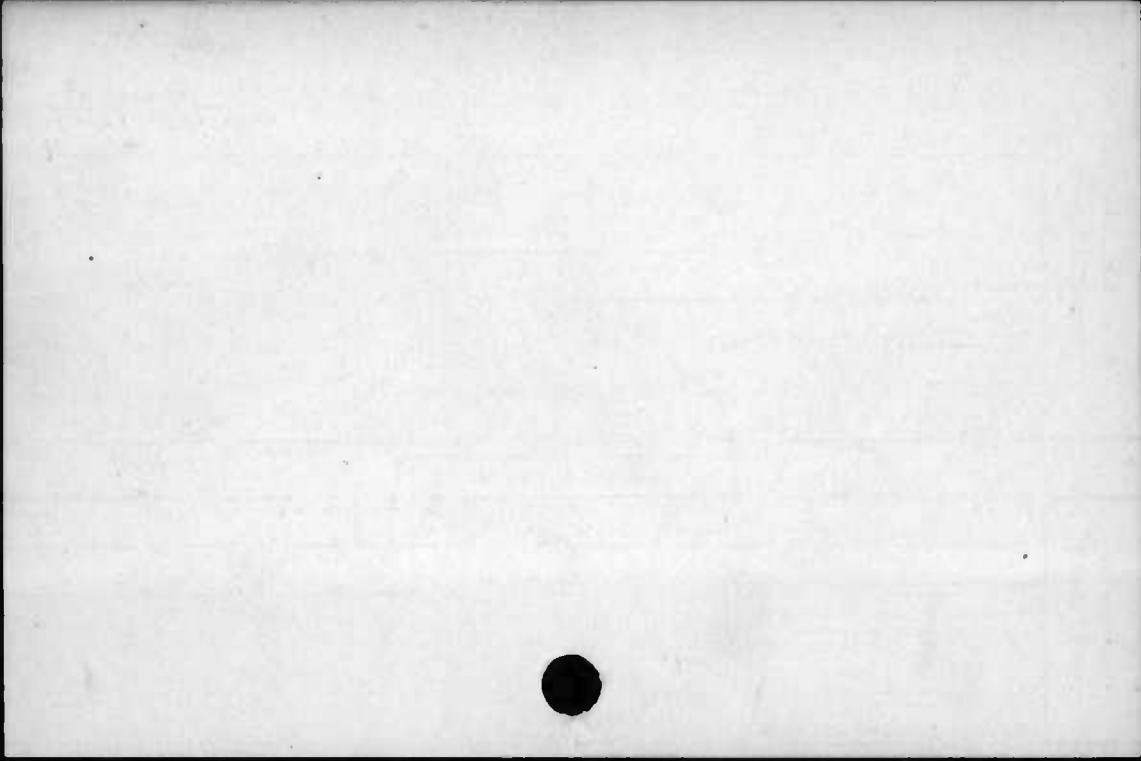
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Cecounty</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>15</i>	Years <i>64</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Harpers ferry W. Va.</i>		
Occupation <i>Carpenter</i>			Where Residing If not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sophia</i>				
Father's Name <i>~~~~~</i>			Father's Birthplace		
Mother's Maiden Name <i>~~~~~</i>			Mother's Birthplace		
Name of person giving information <i>Howard Steummer</i>			How related to deceased <i>Son.</i>		

CAUSES OF DEATH

Primary	<i>Heart Disease</i>	How long	
Immediate	<i>Heart Disease</i>	How long	<i>3 years.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Thomas Korn</i>	
LOUIS STEIN		Address <i>Cumtland</i>	
Accident or Suicide?		<i>no.</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Zedie Smiley

Died at *Moscow* TownCounty *Allegany*

MARYLAND

Date

of death *1906*

Month

Sept

Day

24

Age

Years

5-

Months

5-

Days

7

Sex

*Male*Color or
Race*White*Birth-
place*Lomaconing -*

Occupation

*-*Where Residing if not
at place of death*-*Married, Single
or Widowed*Single*Name of Wife or
Husband*-*Father's
Name*Samuel Smiley*Father's
Birthplace*Virginia*Mother's
Maiden Name*Alice Warnick*Mother's
Birthplace*Boston Ma*Name of person giving
In formation*Samuel Smiley*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Acute Inflammatory Rheumatism

How long

3 weeks

Immediate

Endocarditis - Heart failure -

How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*James O. Bullock Jr.*

Address

Lomaconing Md.

Accident or Suicide?

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *James H. Spelman* Town *Sumner* County *Alle* MARYLAND

Died at *Sumner* *Alle*

Date of death *1906* Month *Sept* Day *22* Age *54* Months Days

Sex *Male* Color or Race *White* Birthplace *Ind*

Occupation *Carpenter* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *Somerfield Spelman* How related to deceased *Brother*

CAUSES OF DEATH

Primary

Heart trouble

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. H. Wartz
Sumnerland Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		County <i>Allegheny</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept</i>	Day <i>29</i>	Age <i>41</i>	Years	Months <i>8</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Engineer Fireman</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annice</i>						
Father's Name <i>---</i>	Father's Birthplace						
Mother's Maiden Name <i>---</i>	Mother's Birthplace						
Name of person giving information <i>Annice Stimpf</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

Primary	How long
Immediate <i>Gun shot wound</i>	How long <i>unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>G. H. Maltzberger</i>
<i>found Dead in woods</i>	Address <i>Cumberland Md</i>
Accident or Suicide? <i>Accident</i>	LOUIS STEIN.

PHYSICIAN
OR CORONER

1

///



Name
in
Full

Patrick Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Eckhart Mines Allegany

Date of death 1906 Sept 10 Age 75 Years Months Days

Sex Male Color or Race White Birthplace Ireland

Occupation Miner Where Residing if not at place of death Eckhart Mines

Married, Single or Widowed Married Name of Wife or Husband Julia Sullivan

Father's Name x Father's Birthplace

Mother's Maiden Name > Mother's Birthplace

Name of person giving information Michael Sullivan How related to deceased Son

CAUSES OF DEATH

Primary Debility, Debility 154 How long Two years

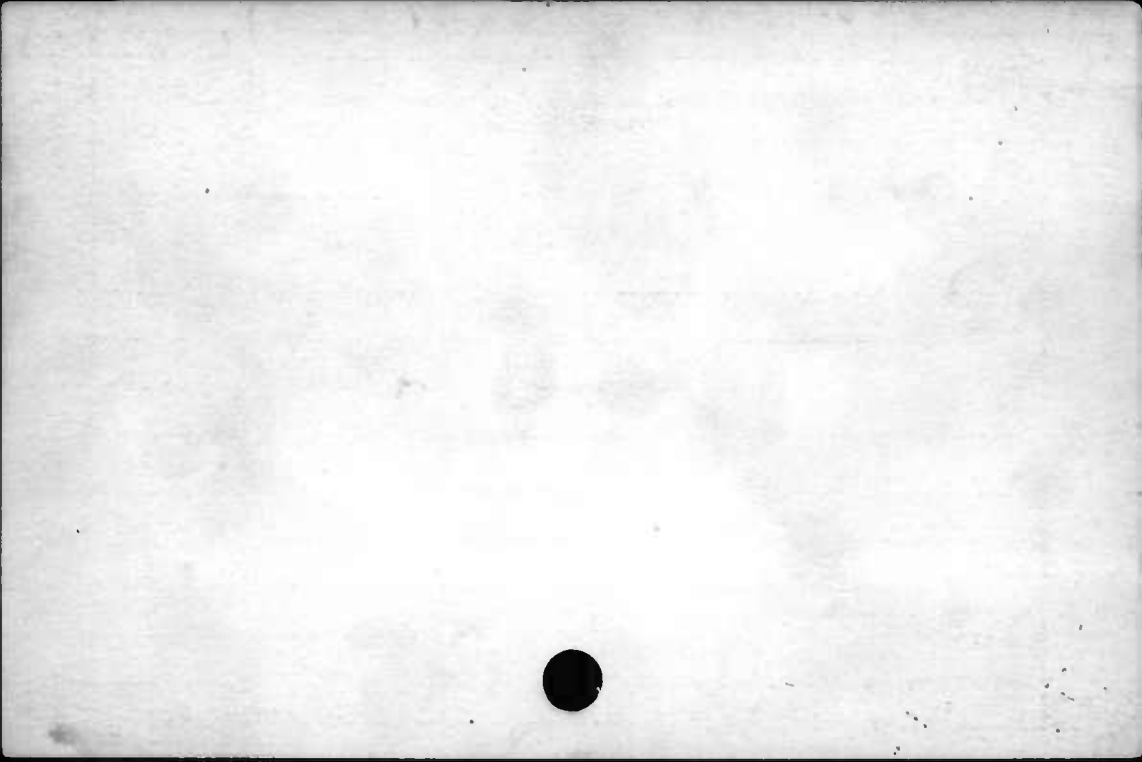
Immediate Nephritis How long Six mos.

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician James C. Holdsworth

Address Eckhart Mines Maryland

Accident or Suicide?

PHYSICIAN
OR
CORONER



Name
in
Full

Sabina Lanber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

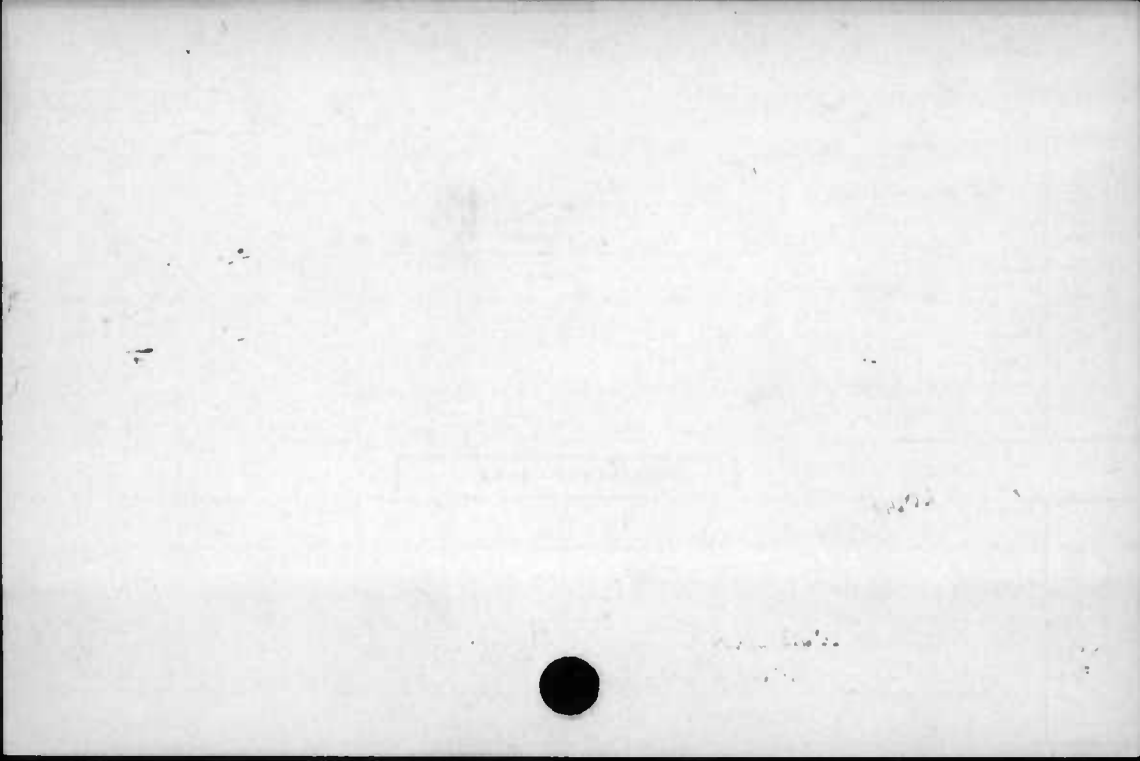
Died at <i>Cannock</i>		Town <i>allagan</i>		County		MARYLAND	
Date of death	1906	Month	Sep	Day	10	Age	93
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months	Days
Occupation		Where Residing If not at place of death		—			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband		—			
Father's Name		—		Father's Birthplace			
Mother's Maiden Name		—		Mother's Birthplace			
Name of person giving information		<i>Mrs Caroline Shoffer</i>		How related to deceased		<i>daughter</i>	

CAUSES OF DEATH

Primary	<i>anasorta</i>	How long	—
Immediate	<i>Senile Decay</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
LOUIS STEIN.		Address	
Accident or Suicide?		<i>Dr W. G. Damm</i> <i>8 South George St</i>	

PHYSICIAN
OR CORONER

1



Name
in
Full

Elizabeth Blue Taylor

CERTIFICATE OF DEATH

Died at *Cumtland*

Town

accogay

County

MARYLAND

Date
of death *1906*Month
*sep*Day
*26*Age
18

Years

Months
*-*Days
*-*Sex *Female*Color or
Race*White*Birth
place *Springfield*

Occupation

*Student*Where Residing If not
at place of death*Springfield W. Va*Married, Single
or Widowed*Single*Name of Wife or
Husband*-*Father's
Name*Bruck Taylor*Father's
Birthplace*W. Va*Mother's
Maiden Name*Ebbie Taylor*Mother's
Birthplace*W. Va*Name of person giving
in formation*Bruck Taylor*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Diphtheria

How long

3 Days

Immediate

Exhaustion

How long

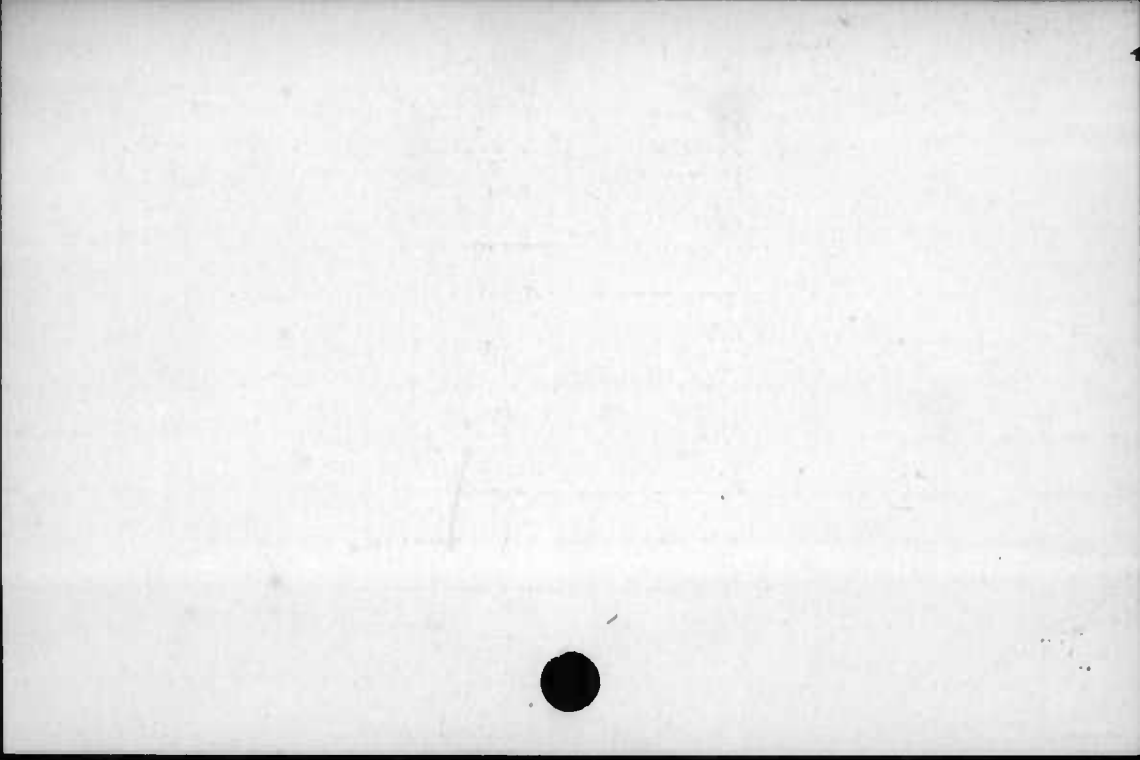
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. B. MacDonald*

Address

Cumtland

Accident or Suicide?

*NO*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Thompson

CERTIFICATE OF DEATH

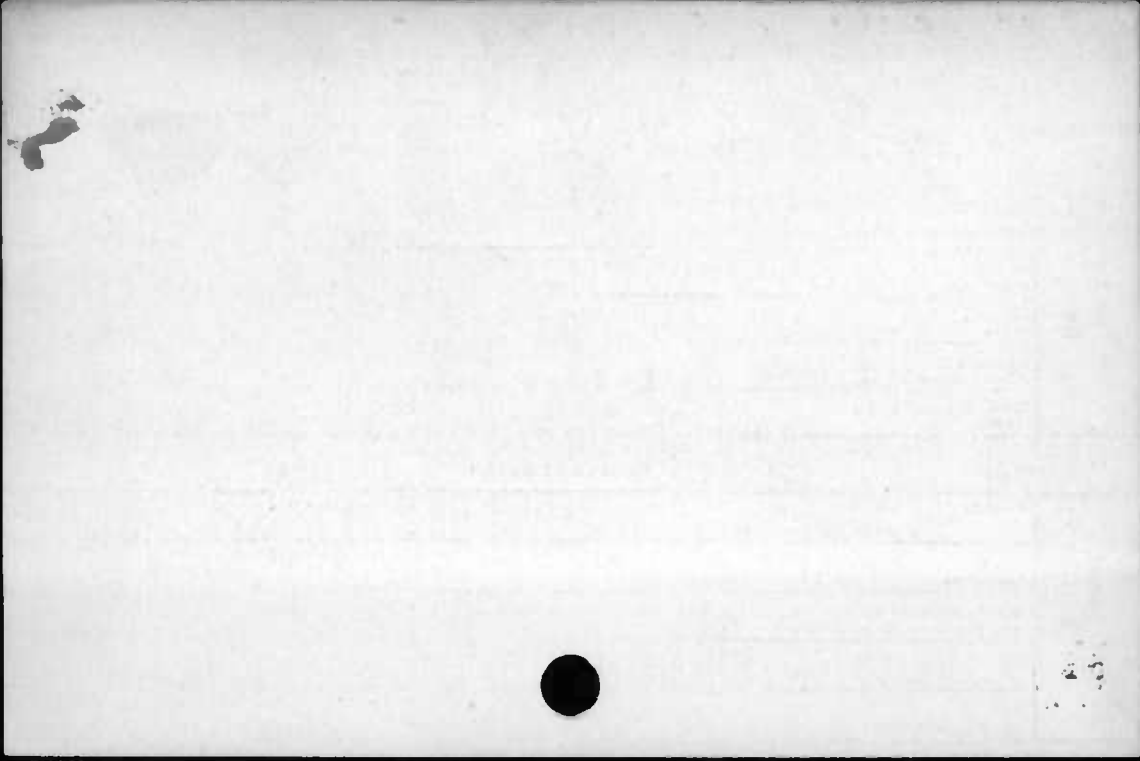
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>S Cumberland</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	1906	Month	Sept	Day	4
Age		Years	One	Months	2
Sex	girl	Color or Race	white	Birth-place	S Cumberland Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm C. Thompson		Father's Birthplace	Pa	
Mother's Maiden Name	Hattie Levers		Mother's Birthplace	Pa	
Name of person giving information	Wm C. Thompson		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>one mo</u>
Immediate	<u>Gastroenteric Indigestion</u>	How long	<u>one wk</u>
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<u>P. L. Owens</u>
		Address	<u>Cumberland Md</u>
Accident or Suicide?			



Name
in
Full

Beatrice Marie Vians

CERTIFICATE OF DEATH

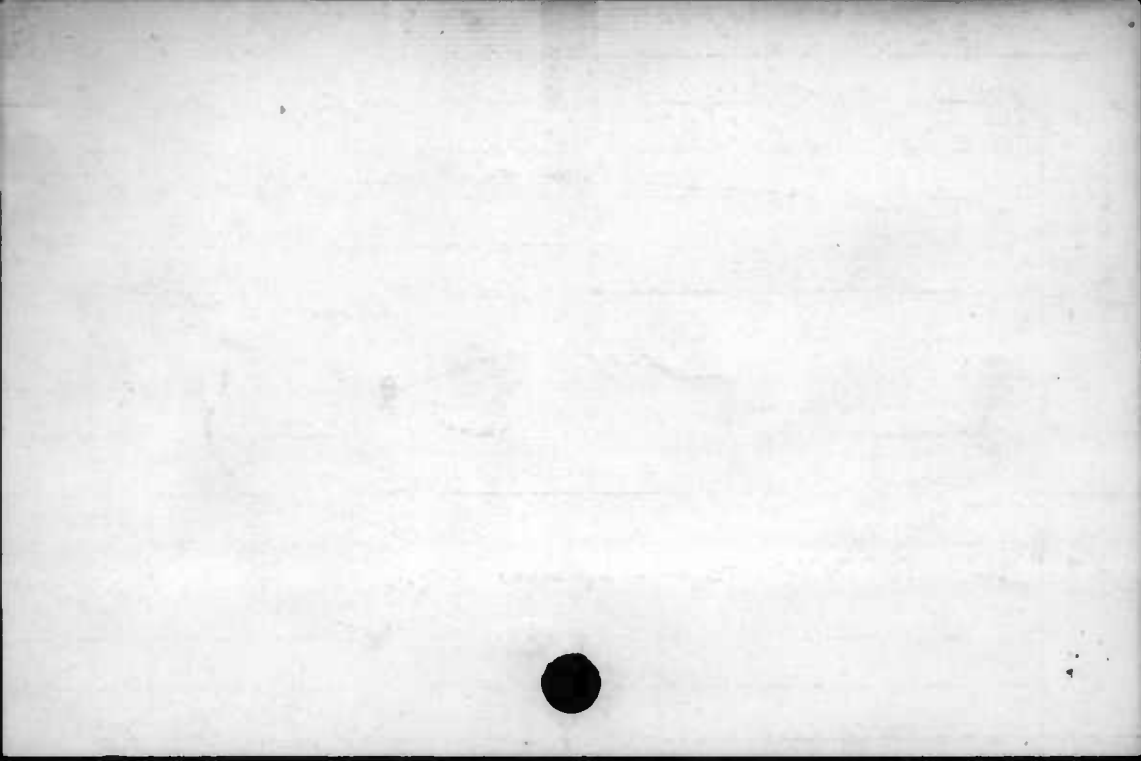
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>September</u> ^{Month}	<u>7</u> ^{Day}	Age <u>15</u> ^{Years}	Months <u>3</u>	Days <u>15</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Cumberland</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband				
Father's Name <u>Edward Vians</u>	Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>Lula Klimes</u>	Mother's Birthplace <u>Virginia</u>				
Name of person giving information <u>Mrs L. M. Dawson</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Intestinal malformation</u>	How long <u>since birth</u>
Immediate <u>Inanition</u>	How long <u>20 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>William R Foad</u> M.D.
	Address <u>116 Virginia Ave</u> <u>Cumberland</u>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH			
James Walker		Died at		Lonaconing		Allegany		MARYLAND			
Date of death		1906		Sept		14		Age		67	
Sex		Male		Color or Race		White		Birthplace		Scotland	
Occupation		None		Where Residing if not at place of death		—					
Married, Single or Widowed		Married		Name of Wife or Husband		Agnes Thompson Walker					
Father's Name		James Walker		Father's Birthplace		Scotland					
Mother's Maiden Name		Christina Wardrup		Mother's Birthplace		Scotland					
Name of person giving information		James Walker Jr.		How related to deceased		Son					
CAUSES OF DEATH											
Primary		Cirrhosis of Liver				How long		Several years.			
Immediate		Cerebral Hemorrhage				How long		2 days.			
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Harry M. Hodgson, Jr.			
Accident or Suicide?		No				Address		Lonaconing.			



Name
in
Full

CERTIFICATE OF DEATH

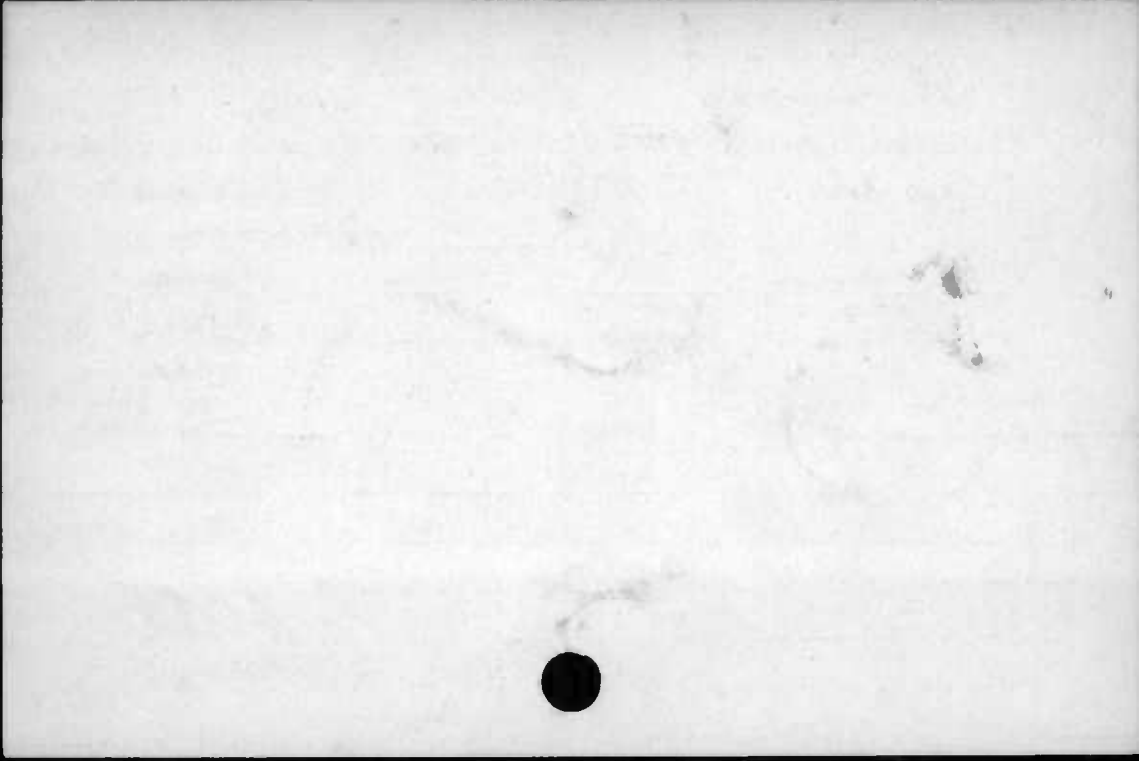
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Linna</i>		County <i>Lucy</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>sep.</i>	Day <i>23</i>	Age <i>-</i>	Months <i>2</i>	Days <i>-</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Cumhd</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Harry S. Webb</i>			Father's Birthplace <i>D. C.</i>		
Mother's Maiden Name <i>Iola Beauty</i>			Mother's Birthplace <i>ma</i>		
Name of person giving information <i>Harry S Webb</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lack of proper nourishment</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. H. H. Wiley</i>
	Address <i>Cumhdland</i>
Accident or Suicide? <i>LOUIS STEIN.</i>	<i>me</i>



Name in Full		Baby Whistner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Westernport		Allegany				
	Date of death		1906	Month	Sept	Day	18
	Age		Still Born		Years	Months	Days
	Sex		Female		Color or Race	White	
	Birth-place		Westernport				
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Elbia Whistner				Father's Birthplace	
Mother's Maiden Name		Maud Whistner				Mother's Birthplace	
Name of person giving information		Elbia Whistner				How related to deceased	
		Father					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Still born				How long
							One day.
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
Accident or Suicide?		Piedmont w/4					

